Quizlet Mark Klimek Blue Book

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1. **Name the five/six essential nutrients:** carbs, fats, proteins, vitamins, minerals, water
2. **The major source of energy for the body is:** carbs
3. **carbs provide _____ Kcalories per 1 gram:** 4
4. **Sucrose is a sugar found in _____ and _____.:** fruits, veggies
5. **Lactose is a sugar found in ?:** milk
6. **What is glycogen?:** It is a stored formed of glucose/energy manufactured by the liver
7. **Is glycogen eaten in foods?:** NO! It is a stored form of glucose MANUFACTURED by the liver.
8. **When the body does not receive enough carbs it burns _____ and _____.:** protein, fat
9. **The most concentrated source of energy for the body is _____.:** fats
10. **Fats provide _____ Kcalories per 1 gram.:** 9
11. **Fats carry vitamins:** A,D,E,K (Remember FADE K!)
12. **The nutrient needed most for growth and repair of tissues is _____.:** protein (second best is Vit C)
13. **Proteins provide _____ Kcalories per 1 gram.:** 4
14. **Vitamins and minerals provide energy for the body. (T/F)** False- they are necessary for a body's chemical reactions.
15. **Water is present in ALL body tissues. (T/F):** True (even bone)
16. **Water accounts for _____ to _____% of an adult's total weight?:** 50 to 60%
17. **Name the four basic food groups:** Milk & Cheese, Meat & Legumes, Veggies & Fruits, Bread & Cereal
18. **Water acounts for _____ to _____% of an infant's total weight?:** 70 to 75%
19. **An individual is overweight if they are _____% above the ideal weight.:** 10
20. **An individual is obese if they weigh _____% above the ideal weight.:** 20
21. **What solution and material are used to cleanse the eyes of an infant?:** Plain water, cotton balls, washcloths
22. **Can you use cotton swabs to clean the eyes, nares or ears of an infant?:** No, this is dangerous
23. **Can you use the same cotton ball/washcloth edge for both eyes?:** No, it would cross contaminate
24. **Should you cover an unhealed umbilical site with the diaper?:** No, fold the diaper down.
25. **What temperature is appropriate for the water used to bathe an infant?:** 100 to 105
26. **What is the #1 purpose of a tepid sponge bath?:** Lower body temperature during fever.
27. **How should the temperature of the water be tested if no thermometer is available?:** Dropping water on inside surface of your forearm.
28. **With which body part do you begin when bathing an infant?:** Eyes always
29. **When cleansing an infant's eye, cleanse from outer to inner canthus?:** No, inner to outer
30. **Should you retract the foreskin of a 5 week old male, uncircumcised infant to cleanse the area?:** No, not until foreskin retracts naturally and without resistance- then it should be retracted, cleansed and replaced.
31. **When sponge-bathing with tepid water the correct temp is _____.:** 98.6 F
32. **How long does it take for the umbilical stump to fall off?** 7 to 14 days
33. **The primary reason why an infant is draped during the bath is to provide privacy. (T/F):** False, the primary purpose of draping is to prevent chilling.
34. **You may use friction to remove vernix caseosa from an infant's skin. (T/F):** False, it causes damage/bruising
35. **What solution is commonly used for care of umbilical cord?:** 70% alcohol to promote drying (trend is toward soap and water)
36. **What cranial nerve is affected in Bell's Palsy?:** #7, facial nerve
37. **What is the #1 symptom of Bell's Palsy?:** One sided (unilateral) facial paralysis
38. **Complete recovery from the paralysis of Bell's Palsy should occur in _____ to _____ months.:** 4 to 6
39. **In addition to the facial paralysis, the sense of _____ is also affected.:** taste
40. **Will the patient be able to close their eye on the affected side?:** no
41. **Give three eye interventions for the client with Bell's Palsy:** Dark glasses, artificial tears, cover eye at night
42. **As the prostate enlarges it compresses the _____ and causes urinary _____.:** Urethra, rentention
43. **At what age does BPH occur?:** men over 50 years of age
44. **What does BPH stand for?:** Benign Prostatic Hypertrophy
45. **IN BPH the man has (increased/decreased) frequency of urination:** increased
46. **In BPH the force of the urinary stream is (increased/decreased).:** decreased
47. **The man with BPH has a _____-stream of urine:** forked
48. **The man with BPH has hesitancey. What does this mean?:** Difficulty starting to void
49. **Will the man with BPH have enuresis, nocturia or hematuria?:** Enuresis-No, Nocturia-Yes, and Hematuria-Maybe
50. **Enuresis:** inability to control the flow of urine and involuntary urination
51. **What is the best way to screen men for BPH?:** Digital rectal exam
52. **Should fluids be forced or restricted in BPH?:** forced
53. **What does TURP stand for?:** Transurethral resection of the prostate

54. **The most radical prostate surgery is the _____ prostatectomy.:** Perineal
55. **What type of diet is used in BPH?:** Acid Ash
56. **Acid Ash diet:** Decrease pH (makes urine acid)
Chz, eggs, Meat, fish, oysters, poultry, Bread, Cereal, Whole Grains, Pastries, Cranberries, Prunes, Plums, Tomatoes, Peas, Corn, Legumes.
57. **What is the primary purpose of a 3 way continuous bladder irrigation (CBI) after TURP?:** To keep the catheter clear of clots and to drain urine
58. **What solution is used for CBI?:** Normal saline (0.9 NaCl)
59. **How fast do you run the CBI?:** At whatever rate it takes to keep the urine flowing and free of clots
60. **What drug is use to treat bladder spasm?:** B&O suppositories (Belladonna & Opiates)
61. **Should you take a rectal temp after prostatectomy? Give stool softeners?:** No rectal temperatures, yes stool softeners
62. **You should call the MD after TURP when you see _____ thick _____, _____ clots, and _____ urine drainage on the dressing.:** Bright thick blood, persistent clots, persistent urine on dressing (don't call MD for transitory clots and urine on dressing.)
63. **If you see an increase in blood content of urine coming out of the catheter, you would first _____.:** Pull carefully on the catheter to apply local pressure on the prostate with the Foley balloon.
64. **If you see clots in the tubing you would first _____:** Increase the flow-rate.
65. **What exercises should the post prostectomy patient do upon discharge? Why?:** Perineal exercises, start and stop stream of urine, because dribbling is a common but temporary problem post op
66. **Will the post prostectomy patient be impotent?:** If TURP, no impotence, if perineal prostatectomy, yes impotence
67. **How often should the drainage bag be emptied?:** Every 8 hours
68. **What is the most common problem due to catheterization?:** UTI
69. **What is the most common organism to cause UTI with catheterization?:** E. coli
70. **What is the most common route for organisms to enter the blader when a catheterization is used?:** Up through the inside of the catheter in the days following catheterization
71. **Name foods that make acid urine:** Cranberry juice, apple juice (avoid citrus juices- they make alkaline urine)
72. **What is important about the level of the urinary drainage bag?:** Never have the bag at a higher level than the bladder.
73. **How is the catheter taped in a male client?:** To the lateral thigh or abdomen
74. **How is the catheter taped in a female client?:** To the upper thigh
75. **What urinary pH prevents UTI?:** Acidity, low pH
76. **Should the drainage bag ever touch the floor?:** No
77. **Is it ok to routinely irrigate indwelling catheters?:** No
78. **What agents are best for catheter care?:** Soap and water
79. **What is the most effective way to decrease UTI with catheters?:** Keep the drainage system closed, do not disconnect junction of tubing
80. **Give some signs of infection in a Foley catheter:** Cloudy urine, foul smelling urine, hematuria
81. **Is urinary incontinence an indication for catheterization?:** No
82. **Give three appropriate indications for bladder catheterization?:** Urinary retention, to check for residual, to monitor hourly output
83. **What are the top 2 diagnoses for a client with a catheter? Which is #1?:** #1- Potential for infection; Potential impairment of urethral tissue integrity
84. **What is systole?:** The MAXIMAL force of blood on artery walls
85. **What is diastole?:** The LOWEST force of blood on artery walls
86. **Accurate blood pressure is obtained by using a cuff that has width of _____ of the arm.:** Two-thirds
87. **Which artery is most commonly used to measure blood pressure?:** Brachial
88. **Can the thigh EVER be used to obtain a blood pressure?:** Yes, but this is rare.
89. **When pressure is auscultated the first sound heard is the _____ measurement.:** Systolic
90. **The change in the character of the sounds is known as the _____:** First diastolic sound
91. **The cessation of sounds is known as the _____:** Second diastolic sound
92. **When 2 values are given in a blood pressure the first is the _____measurement.:** Systolic
93. **When 2 values are given in a blood pressue, the bottom number stands for the change in sounds or cessation of sounds?:** Cessation of sounds
94. **What is the normal adult blood pressure?:** 120/80
95. **Abnromally high blood pressure is called_____.:** Hypertension
96. **What is the pulse pressure?:** The difference between the systolic and the diastolic blood pressure
97. **If you deflate a cuff TOO SLOWLY, the reading will be too high or low? Why?:** High, venous congestion makes the arterial pressure higher (increases resistance)
98. **If you use too narrow of a cuff the reading will be too high or low?:** High
99. **Vasoconstriction will _____ blood pressure.:** Increase
100. **Vasodilation will _____ blood pressure.:** Decrease
101. **Shock will _____ blood pressure.:** Decrease
102. **Increased intracranial pressure will _____ the pulse pressure.:** Increase or Widen
103. **If my blood pressure is 190/110, what is my pulse pressure?:** 80 mmHg

104. **What blood test must be done before a transfusion?:** Type and cross match
105. **What does a type and cross match indicate?:** Whether the client's blood and donor blood are compatible.
106. **What should the nurse measure before starting a transfusion?:** Vital signs
107. **With what solution should blood be transfused?:** 0.9 normal saline
108. **How many nurses are requried to check the blood?:** 2 nurses
109. **What happens when blood is administered with Dextrose IVs?:** The cells clump together & don't flow well
110. **If a transfusion reaction occurs what should the nurse do first?:** Stop the blood flow & start running the saline
111. **How long can a unit of blood be on the unit before it must be started?:** Less than 1/2 hour
112. **What should the nurse do with the IV line if transfusion reaction is suspected?:** Keep it open with saline
113. **If a transfusion reaction is suspected, what two samples are collected and sent to the lab?:** Urine & blood
114. **If a unit of blood is infused through a central line it must be_____.:** Warmed
115. **Which of the following are signs of transfusion reaction? Bradycardia, Fever, Hives, Wheezing, Increased Blood Pressure, Low Back Pain:** Low back pain, wheezing, fever, hives
116. **What are three types of transfusion reactions that can occur?:** Hemolytic, febrile, allergic
117. **What would you do first if you suspected transfusion reaction?:** Stop the blood and start the saline
118. **What are the signs and symptoms of a hemolytic transfusion reaction?:** Shivering, HA, low back pain, increased pulse & respirations, decreasing BP, oliguria, hematuria
119. **What are the signs and symptoms of a febrile transfusion reaction?:** Low back pain, shaking HA, increasing temperature, confusion, hemoptysis
120. **What are the signs of symptoms of an allergic reaction to a transfusion?:** Hives- uticaria, wheezing, pruritus, joint pain, (arthralgia)
121. **Give three reasons for a blood transfusion:** Restore blood volume secondary to hemorrhage, maintain hemoglobin in anemia, replace specific blood components
122. **What does blood-typing mean?:** Check for surface antigen on the red blood cell
123. **When does typing and cross matching need to be done?:** Whenever a client is to get a blood product. It is only good for 24 hours.
124. **What does blood cross matching mean?:** Mixing a little of the client's blood with the donor blood and looking for agglutination.
125. **When are hemolytic transfusion reactions likely to occur?:** In the first 10 to 15 minutes
126. **When is a febrile reaction likely to occur?:** Within 30 minutes of beginning the transfusion
127. **What test identifies Rh factor?:** Coombs test detects antibodies to Rh
128. **What is the difference between whole blood and packed cells?:** Packed cells don't have nearly as much plasma or volume as whole blood does
129. **What would you do if the client had an increasing temperature and was to get blood?:** Call the MD because blood is often held with an elevated temperature
130. **How long should it take for one unit of blood to infuse?** From one hour to three hours
131. **How long should you stay with the patient after beginning a transfusion?:** At least 15 to 30 minutes
132. **What blood type is the universal recipient?:** AB
133. **What blood type is the universal donor?:** O
134. **What is the routine for vital sign measurement with a transfusion?:** Once before administration
Q15 x 2 after administration is begun
Q1 x1 after transfusion has stopped
135. **What IV solution is hung with a blood transfusion?:** 0.9 normal saline (No glucose)
136. **What gauge needle is used with a blood transfusion?:** Large gauge, 18 gauge
137. **What other things are appropriate after a reaction?:** Call MD, get a blood sample, get urine sample, monitor vitals, send blood to lab
138. **Can blood be given immediately after removal from refrigeration?:** No, it has to be warmed first for only about 20 to 30 minutes.
139. **With what solution & when should a breast feeding mother cleanse the areola?:** Plain water, before & after each feeding
140. **For a woman who doesn"t have retracted nipples, is towel drying or air drying better?:** Air drying of the nipples is best
141. **The goal is for the infant to breast feed for _____ minutes per side.:** 20
142. **How does the mother break the suction of the breast feeding infant?:** She inserts her little finger into the side of the infant's mouth
143. **When should the breast feeding infant be burped?:** After feeding from each breast
144. **Assuming no mastitis, on which side should the breastfeeding begin?:** Begin nursing on the side that the baby finished on the last feeding
145. **How long can breast milk be refrigerated?:** 24 hours
146. **How long can breast milk be frozen?:** 6 months
147. **In what type of container should breast milk be stored?:** Sealed plastic bags
148. **Can you microwave frozen breast milk in order to warm/thaw it?:** Never
149. **Which two nutrients is breast milk lower in?:** Fluoride and iron

150. **What should you tell a breast feeding mother about her milk supply when she goes home from the hospital?:** Milk should come in postpartum day 3. Breastrfeed every 2-3 hours to establish good milk supply.
151. **Can a woman on oral contraceptives breastfed?:** Should not use OCP during the first 6 weeks after birth because the hormones may decrease milk supply. Estrogen is not recommended. Non-hormonal methods are recommended. Remember, breastfeeding is an unreliable contraceptive.
152. **What is another name for Buerger's disease?:** Thromboangiitis obliterans
153. **Which extremities are affected by it?:** Lower only
154. **Which sex does it affect the most often?:** Males
155. **The group with the highest incidence of Buerger's disease is _____.:** Smokers
156. **Upon walking the patient with Buerger's experiences _____ _____.:** Intermittent Claudication
157. **What is intermittent claudication?:** Pain in calf upon walking
158. **A first degree burn is pale or red?:** Red
159. **A first degree burn has vesicles (T/F)?:** False
160. **A second-degree burn is pale or red?:** Red
161. **A second-degree burn is dull or shiny?:** Shiny
162. **A second-degree burn has vesicles? (T/F):** True
163. **A Second degree-burn is wet or dry?:** Wet
164. **A third-degree burn is white or red?:** White
165. **A third-degree burn is wet or dry?:** Dry
166. **A third degre burn is hard or soft?:** Hard
167. **Of first, second and third degree burns which has less pain? Why?:** Third degree burns, nerve damage has occured
168. **For what purpose do you use the rule of nines?:** To estimate the percentage of body surface burned; is NOT used for children.
169. **In the rule of nines, the head and neck receive _____: each arm receives_____.:** 9%, 9%
170. **In the rule of nines, the front trunk gets_____, the posterior trunk gets_____, each leg gets _____ and the genitalia gets_____.:** 18%, 18%, 18%, 1%
171. **What is the only IM given to a burn patient?:** Tetanus toxoid- if they had a previous immunization; tetanus antitoxin- if they have never been immunized before (or immune globulin)
172. **In the emergent phase do you cover burns? (in the field):** Yes, with anything clean and dry.
173. **Should you remove adhered clothing?:** No
174. **Name the 3 phases of burn:** Shock, diuretic, recovery
175. **Fluid moves from the_____ to the _____ in the SHOCK phase.:** Bloodstream, interstitial space
176. **The shock phase lasts for the first _____ to _____ hours after a burn.:** 24 to 48 hours
177. **During shock phase of a burn is potassium increased or decreased? Why?:** Increased, because of all the cells damaged- the K+ is released from damaged cells.
178. **What acid-base disorder is seen in the shock phase of a burn?:** Metabolic Acidosis
179. **What is the #1 therapy in the shock phase?:** Fluid replacement/resuscitation
180. **What is the simple formula for calculating fluid replacement needs in the first 24 hours?:** 3cc X Kg X % burned per day
181. **If the MD orders 2,800 cc of fluid in the first 24 hours after a burn, one-_____ of it must be infused in the first 8 hours.:** Half (or 1,400 cc)
182. **What blood value will dictate IV flow rate?:** The hematocrit
183. **How will you know the patient has entered the fluid mobilization or diuretic phase?:** The urine output will increase
184. **How long does the fluid mobilization or diuretic phase of a burn last?:** 2 to 5 days
185. **In the diuretic phase, K+ levels fall or rise?:** Fall- remember diuresis always causes hypokalemia
186. **If the nurse accidentally runs the IVs at the shock phase rate during the diuretic phase the patient will experience?:** Pulmonary edema
187. **The burn patient will be on _____urine output and daily _____.:** Hourly, weight
188. **Sulfamyon cream_____.:** Burns
189. **Silver nitrate cream_____ the _____.:** Stains, skin
190. **Pain medications should be administered _____ before _____ care.:** 30 minutes, wound care
191. **When using silver nitrate, the dressings must be kept _____.:** Wet
192. **What is Curlings ulcer? Why is it a problem in burn patients? What drug prevents it?:** It is a stress GI ulcer, you get these with any severe physical stress. Tagamet, Zantac, Pepcid (any H2 receptor antagonist), Protonix Prilosec
193. **In Abruptio Placenta, the placenta _____ from the uterine wall _____.:** Separates, prematurely
194. **Abruptio Placenta usually occurs in (prima/multi) gravida over the age of _____.:** Multigravida, 35 (HTN, trauma, cocaine)
195. **How is the bleeding of Abruptio Placenta different from that in placenta previa?:** usually pain; bleeding is more voluminous in previa
196. **If you are the nurse starting the IV on the client with Abruptia Placenta, what guage needle should you use?:** 18 (in preparation to give blood if necessary)
197. **How often should you measure the vital signs, vaginal bleeding, fetal heart rate during Abruptio Placenta>?:** Q5-15 minutes for bleeding and maternal VS, continuous fetal monitoring, deliver at earliest sign of fetal distress
198. **How is an infant delivered when Abruptio Placenta is present?:** Usually C-section
199. **Is there a higher or lower incidence of fetal death with Abruptio Placenta compared to Placenta Previa?:** Highter

200. **In what trimester does Abruptio Placenta most commonly occur?:** Third
201. **At what age are accidental poisonings most common?:** 2 years old
202. **If a child swallows a potentially poisonous substance, what should be done first?:** call medical help
203. **Should vomiting be induced after ingestion of gasoline?:** No- not for gas or any other petroleum products
204. **When taking a child to the ER after accidental poisoning has occurred what must accompany the child to the ER?:** the suspected poison
205. **An elderly client is a (high/low) risk for accidental poisoning? What about a school age child?:** high - due to poor eyesight, high
206. **What types of chemicals cause burns to oral mucosa when ingested?:** Lye, caustic cleaners
207. **Children at highest risk for seizure activity after ingestion are those who have swallowed _____ and _____.:** drugs, insecticides
208. **Can impaired skin integrity ever be an appropriate nursing diagnosis when poisoning has occurred?:** Yes, when lye or caustic agents have been ingested
209. **What is the causative organism of acne?:** P. acnes (propionibacterium acnes)
210. **What structures are involved in acne vulgaris?:** The sebaceous glands
211. **Name 3 drugs given for acne?:** Vitamin A, Antibiotics, Retinoids
212. **Dietary indiscretions and uncleanliness are causes of acne?:** False
213. **What are the 3 causative factors in acne vulgaris?:** Heredity, Bacterial, Hormonal
214. **Uncleanliness is a cause of acne?:** False
215. **What is the most common retinoid given to people with acne?:** Accutane
216. **Accutane is an analog of which vitamin?:** Vitamin A
217. **What is the most common side effect of accutane? And what is most important in health teaching in adminstration?:** Inflammation of the lips; Causes birth defects
218. **What is the antibiotic most commonly given to clients with acne?:** Tetracycline
219. **How long will it take for the person to see results when acne is being treated?:** 4 to 6 weeks
220. **Does stress make acne worse?:** yes
221. **How often should the client with acne wash his face each day?:** twice a day
222. **What instructions do you give to a client taking tetracycline?:** Take it on an empty stomach and avoid the sunlight (photosensitivity)
223. **What are comedones?:** Blackheads and white heads
224. **What virus causes AIDS?:** HIV - Human immunodeficiency virus
225. **The AIDS virus invades helper _____.:** T-lymphocytes (or CD4 cells)
226. **AIDS is trasmissible through what four routs?:** blood, sexual contact, breast feeding, across placenta in utero
227. **HIV is present in all body fluids?:** Yes, but not transmitted by all, only blood, semen and breast milk
228. **Name the 5 risk groups for AIDS:** Homosexual/bisexual men, IV drug users, hemophiliacs, heterosexual partners of infected people, newborn children of infected women
229. **What is the first test for HIV antibodies?:** ELISA
230. **What test confirms the ELISA?:** Western Blot
231. **Which test is the best indicator of the progress of HIV disease?:** CD4 count
232. **A CD4 count of under _____ is associated with the onset of AIDS-related symptoms.:** 500
233. **A CD4 count of under _____ is associated with the onset of opportunistic infections.:** 200
234. **Give 6 symptoms of HIV disease.:** Anorexia, fatigue, weakness, night sweats, fever, diarrhea
235. **Which 2 classes of drugs are given in combination for HIV sero-positivity?:** NRTI's (nucleoside reverse transcriptease inhibitors) and PI's (protease inhibitors)

    They prevent viral replication.
236. **NRTI (nucleoside reverse transcriptease inhibitors):** an antiviral drug used against HIV (is incorporated into the DNA of the virus and stops the building process; results in incomplete DNA that cannot create a new virus; often used in combination with other drugs)
237. **PI's (Protease inhibitors):** most potent of antiviral meds, inhibit cell protein synthesis that interferes with viral replication, does not cure but slows progression of AIDS and prolongs life, used prophylactically, used in AIDS to decrease viral load and opportunistic infections
238. **What do NRTI's and PI's do?:** They prevent viral replication
239. **What does the physician hope to achieve with NRTI's and PI's for HIV?:** A delayed onset of AIDS for as long as possible (usually can delay onset for 10-15 years)
240. **What is the most common NRTI used?:** AZT (zidovudine)
241. **What is the most challenging aspect of combination of drug therapy for HIV disease?:** The number of pills that must be taken in 24 hours can be overwhelming. The frequency also makes it hard to remember-an alarm wristwatch is used.
242. **Clients with AIDS (gain/lose) weight?:** lose
243. **The typical pneumonia of AIDS is caused by _____ _____.:** Pneumocystic carinii
244. **What type of oral/esophageal infections do AIDS patients get?:** Candida
245. **What is the #1 cancer that AIDS patients get?:** Kaposi's sarcoma
246. **Kaposi's sarcoma is a cancer of the _____.:** skin
247. **T/F: AIDS patients get lymphomas?:** True

248. **What lab findings are present in AIDS?:** Decreased RBC's, WBC's and platelets
249. **If the AIDS patient has leukopenia they will be on _____ _____.:** protective (reverse) isolation
250. **Define Leukopenia:** decrease in wbc, indicated viral infection
251. **Without leukopenia the AIDS patient will be on _____ precautions.:** Standard precautions or blood and body fluid precautions
252. **When the AIDS patient has a low platelet count, what is indicated?:** bleeding precautions; No IM's, no rectal temperatures, other bleeding precautions
253. **Does AIDS require a single room?:** Yes - if WBC counts are low
254. **When do you need a gown with AIDS?:** If you are going to get contaminated with secretions
255. **When do you need a mask with AIDS?:** Not usually unless they have an infection caused by an airborne bug
256. **When do you need goggles with AIDS?:** Suctioning, central line start, arterial procedures
257. **If an AIDS patient's blood contaminates a counter top, with what di you clean?:** 1:10 solution of bleach and water
258. **Are all articles used by AIDS patients double-bagged?:** no - only those contaminated with secretions
259. **Can AIDS patients leave the floor?:** Yes, unless WBC's are very low
260. **Is dietary protein limited in AGN?:** Not usually, however if there is severe azotemia then it may be restricted
261. **Define azotemia?:** nitrogenous wastes in the blood (increased creatinine, BUN)
262. **What is the best indicator of renal function?:** The serum creatinine
263. **Do people recover from AGN?:** Yes, the vast majority of all clients recover completely from it
264. **How can AGN be prevented?:** By having all sore throats cultured for strep and treating any strep infections
265. **What is the most important intervention in treating AGN?:** Bedrest - they can walk if hematuria, edema and hypertension are gone.
266. **What is the most common dietary restriction for AGN?:** Moderate sodium restriction. Fluid restriction is #2 if edema is severe.
267. **What are the urinaysis findings on AGN?:** Hematuria
Proteinuria +3 to +4
Specific gravity Up
268. **How long after strep infection does AGN develop?:** 2 to 3 weeks after initial infection
269. **How do you assess fluid excess in the child with AGN?:** Daily weight
270. **What organism causes acute glomerular nephritis?:** Group A beta hemolytic strep
271. **What happens to the kidney in AGN?:** It becomes clogged with antigen-antibody complexes which then cause inflammation and loss of function.
272. **How often are vital sign measurements taken in AGN?:** Q4 hours with blood pressure
273. **Will the client have hypo or hyper tension with AGN? Why?:** Hypertension, because of fluid retention
274. **What are the first signs of AGN?:** Puffiness of face, dark urine
275. **What are the three adult stages of development called:** early adulthood, middle adulthood and later adulthood
276. **What is the age range for early adulthood?:** 19 to 35 years of age
277. **What is the age range for middle adulthood?:** 35 to 64 years of age
278. **What is the age range for late adulthood?:** 64 years of age to death
279. **What is the developmental task for early adulthood?:** Intimacy vs. Isolation
280. **What is the developmental task for middle adulthood?:** Generativity vs. stagnation.
281. **Intimacy vs. Isolation:** Erikson's stage in which individuals form deeply personal relationships, marry, begin families
282. **Generativity vs. Stagnation:** Erikson's stage of social development in which middle-aged people begin to devote themselves more to fulfilling one's potential and doing public service
283. **What is the developmental task for later adulthood?:** Ego Integrity vs. Despair
284. **Ego Integrity vs. Despair:** (Erikson) People in late adulthood either achieve a sense of integrity of the self by accepting the lives they have lived or yield to despair that their lives cannot be relived
285. **"Time is too short to start another life, though I wish I could," is an example of _____.:** despair
286. **"If I had to do it over again, I'd life my life just about the same," is an example of ____ _____:** Ego Integrity
287. **What does AKA mean?:** Above the knee amputation
288. **What does BKA mean?:** Below the knee amputation
289. **If the patient had an AKA they should lie _____ several times per day.:** prone (to prevent flexion contracture)
290. **The #1 contracture problem in AKA is _____ of the _____:** flexion, hip
291. **What will prevent hip flexion contracture after AKA?:** Lying prone several times a day
292. **What is the #1 contracture problem after BKA?:** Flexion of the knee
293. **How do you prevent flexion contracture of the knee after BKA?:** Remide the patient to straighten their knee constantly while standing
294. **To prevent post-op swelling, the stump should be _____.:** elevated

295. **How long should the stump be elevated to prevent post op swelling?:** 12-24 hours
296. **How often should a stump be washed?:** daily
297. **When a stump is wrapped, the bandage should be tightest _____ and loosest _____.:** distally (far from the center), proximally (neareast to the point)
298. **If after a right BKA, the client c/o pain in his right tow, he is experiencing _____.:** phantom limb sensation (which is normal)
299. **When will phantom limb sensation subside?:** in a few months
300. **Name ways to toughen a stump so it will not breakdown due to the wear of the prosthetic leg?:** push the stump against the wall, hitting it with a pillow
301. **An aneurysim is an abnormal _____ of the wall of a(n) artery.:** widening (it is also weakening)
302. **What artery is widened in a thoracic aneurysm?:** the aorta
303. **An aneurysm can result from an _____ and from _____.:** infection, syphilis
304. **The most common symptom of abdominal aneurysm is::** a pulsating mass above the umbilicus
305. **Which aneurysm is most likely to have no symptoms?:** the abdominal is most often "silent"
306. **Which vital signs are most important to measure in clients with aneurysm?:** The pulse and blood pressure
307. **An aneurysm will most affect which of the following, the blood pressure or the pusle?:** the pulse (many times the aneurysm will rupture and much blood will be lost before the blood pressure starts to change.
308. **What activity order is the client with an aneurysm supposed to have?:** Bedrest. do not get these people up
309. **If the client with aneurysm is physically unstable, should you encourage turning, coughing and deep breathing?:** no, bedrest until the client is stable!
310. **What class of drugs is the client with an aneurysm most likely to be on?:** Antihypertensives
311. **What is the BIG danger with aneurysms of any type?:** Rupture, leads to shock and death
312. **If an aneurysm is ruptured how would you know it?:** decreased LOC (restlessness), tachycardia, hypotension - all signs of shock
313. **If an aneurysm ruptures what is the #1 priority?:** Get them to the operating room ASAP
314. **Is there anything that can be done for the client with a ruptured aneurysm before they get to the operating room?:** Yes, if available you can get them into antishock trousers but not if this causes a delay in getting them to the operating room
315. **The post op thoracic aneurysm is most likely to have which type of tube?:** Chest tube, because the chest was opened
316. **The post op abdominal aneurysm repair client is most likely to have which type of tube?:** NG tube for decompression of bowel
317. **If you care for a client who is post-op for a repair of a femoral popliteal resection what assessment must you make every hour for the first 24 hours?:** check the distal extremity (far from center) for color, temperature, pain and PULSE, also MUST document
318. **What causes angina pectoris?:** Decreased blood supply to myocardium, resulting in ischemia and pain
319. **Describe the pain of angina pectoris:** crushing substernal chest pain that may radiate
320. **What drug treates angina pectoris?:** Nitroglycerine
321. **How do you tell if a client has angina or an MI?:** the pain of the two is similar, the way to tell the difference is if nitro and rest relieve the pain. For angina, nitro and rest relieve the pain, for MI, nitro and rest do not relieve the pain
322. **How many nitro tabs can you take before you call the doctor?:** 3
323. **How many minutes should lapse between the nitro pills you take?:** 5 minutes - take one nitro tab every 5 minutes 3 times, if no relief, call MD
324. **By what route do you take nitro?:** sublingual
325. **What is the action of nitro?:** dilates coronary arteries to increase blood supply (O2 supply) and reduces preload.
326. **What are the top 2 side effects of nitro?:** headache and hypotension
327. **What precaution must the nurse take when administering topical nitro paste?:** wear gloves, nurse may get a dose of the med
328. **Everyone with angina needs bypass surgery? t/f:** False
329. **Anorexics are usually _____ under the age of _____:** females, 25
330. **The diagnosis is made when there is a weight loss of _____% or more of body weight.:** 15 (weigh < 85% of normal body weight), hospitalize if 30% weight loss
331. **A major mental/emotional nursing diagnosis seen in anorexia nervosa is _____.:** Altered body image
332. **The pulse rate of anorexics is tachycardic or bradycardic?:** Bradycardic
333. **List the most common gynecologic symptom of anorexia nervosa?:** amenorrhea
334. **What is found over the body of the client with anorexia nervosa?:** lanugo (soft downy hair)
335. **What is the top priority in the care of the client with anorexia nervosa?:** intake of enough food to keep them alive, have them gain weight
336. **The best goal to evaluate the progress of the client with anorexia nervosa?:** an adequate weight gain
337. **What is the apgar scale?:** quick objective way to evaluate the vital functions of the newborn
338. **When is apgar scoring performed on infants?:** at one minute and again at 5 minutes after the birth
339. **Name the 5 criteria that are recorded on an apgar scale:** Cardiac status, respiratory effort, muscle tone, neuromuscular irritability, and color

340. **The total apgar score can range from:** 0 to 10
341. **The maximum score and infant can receive on any one of the criteria is:** 2
342. **A 10 on the apgar means the baby is:** in terrific health
343. **A 0 on the apgar means the baby:** is stillborn
344. **On heart rate or cardiac status, a 2 means that the HR is above _____ BPM.:** 100
345. **On the HR criteria an infant scores a "1" if their HR is _____ than 0 and _____ 100:** greater, less than
346. **In order to score a 0 on HR the infant must have a rate of _____.:** Zero
347. **A high score of 2 is given for respiratory effort if the newborn_____.:** Cries vigorously
348. **An infant is given a score of 1 if their respirations are _____ or _____.:** Slow or irregular
349. **An infant is given a score of 0 for respiratory effort if _____.:** They do not breathe
350. **In order to get a score of 2 on muscle tone the infant must_____.:** Move spontaneously (actively)
351. **To get a score of 1 on the APGAR for muscle tone the newborn must place their extremities in _____.:** Flexion
352. **A newborn receives a score of 0 on muscle tone when there is_____:** No movement (limp)
353. **To score the maximum of 2 points on nueromuscular reflex irritability the infant must _____.:** Cry
354. **If the neonate _____, they will score a 1 on neuromuscular irritability.:** Grimaces
355. **To receive a 0 on reflex (neuromuscluar) irritability the neonate must exhibit _____:** No response
356. **To score a maximum score fo 2 on color the child must be _____.:** Totally pink
357. **If the child's _____ are _____ and the trunk -face abdomen are _____, the child scores 1 on color:** Extremities are blue (cyanotic), Pink
358. **To get a 0 on color the infant is:** Totally blue, pale
359. **Acrocyanosis:** Temporary cyanotic condition, usually in newborns resulting in a bluish color around the lips, hands and fingernails, feet and toenails. May last for a few hours and disappear with warming.
360. **Apendicitis is an _____ of the appendix due to _____.:** inflammation, obstruction
361. **Apendicitis occurs most in what age group?:** 15 to 35
362. **What is the most common complication of appendicitis?:** Peritonitis
363. **Peritonitis:** inflammation of the peritoneum
364. **What is the first sign of appendicitis?:** right upper quadrant pain
365. **What follows the RUQ abd pain of appendicitis?:** N/V
366. **Where does the pain of appendicitis finally end up?:** RLQ
367. **What is the name of the RLQ abd pain where appendicitis pain finally localizes?:** McBirney's point
368. **What is present when rebound tenderness is present?:** Peritoneal inflammation
369. **What is the hightes that the temp will be in appendicitis?:** 102 F
370. **What blood count is elevated in appendicitis?:** WBC
371. **What is the name for an elevated WBC?:** Leukocytosis
372. **What is the only treatment recommended for appendicitis?:** surgery - appendectomy
373. **Before the client with suspected appendicitis sees the physician what should be avoided?:** pain meds, enemas, laxatives, food! NPO
374. **To lessen pain place the client in _____ position.:** fowlers (a sitting position) (also use post op)
375. **Never apply _____ to the area of the appendix:** heat (it causes rupture)
376. **After appendectomy, document in the nurses notes the return of _____:** bowel sounds (peristalsis)
377. **What is the primary dietary prescription for calcium nephrolithiasis?:** Low calcium diet
378. **For the client with calcium nephrolithiasis the diet should be _____ash.:** Acid
379. **If the kidney stone is calcium phosphate the diet must be low in _____ too.:** Phosphorous
380. **The primary diet treatment for uric acid nephrolithiasis is _____ -_____.:** Low pruine
381. **The client with uric acid nephrolithiasis should have a diet low in _____.:** Methionine
382. **What is methionine?:** The precursor of the amino acid cystine (precursor = material out of which something is made)
383. **Name two foods high in methionine.:** Milk, eggs
384. **Clients with cystine nephrolithiasis should have a (n) _____ ash diet.:** Alkaline
385. **Increasing fluids to over 3000 cc per day is more effective in treating renal calculi (kidney stones) than any dietary modification. (T/F):** True. It's more important to flush the urinary tract than worry about what you're eating.
386. **Neoplasm refers to benign and malignant tumors. (T/F):** True
387. **Which type of tumor is more malignant? Differentiated or undifferentiated?:** Undifferentiated is worse to have (highly differentiated is better to have)
388. **When cancer spreads to a distant site it is called?:** Metastasis
389. **The cause of cancer is known. (T/F):** False
390. **A person should have a yearly work up exam for cancer detection over the age of _____.:** 40
391. **In general, cancer drugs have side effects in which three body systems?:** GI
Hematologic (blood)
Integumentary

392. **What are the 3 most common chemotherapeutic GI side effects?:** N/V
Diarrhea
Stomatitis (oral sores)

393. **Clients receiving chemotherapy must be NPO. (T/F):** False

394. **Is it permissible to give lidocaine viscous ac (before meals) if the patient has chemotherapeutic stomatosis? (T/F):** True

395. **With what solution should the client with chemotherapeutic stomatitis rinse pc (after meals)?:** H2O2 - hydrogen peroxide

396. **What lubricant can safely be applied to the cracked lips of chemotherapy stomatitis?:** K-Y Jelly

397. **Name the 3 hematologic side effects of chemotherapy.:**
Thrombocytopenia
Leukopenia
Anemia

398. **Which cells are low in thrombocytopenia?:** Platelets

399. **What drug should NOT be given to the patient with chemotherapeutic thrombocytopenia?:** ASA (aspirin)

400. **When should the nurse WITHHOLD IM injections in the client on chemotherapy?:** Only when their PLATELET count is down.

401. **What are the 3 objective symptoms/signs of thrombocytopenia? Hint: P.E.E.:** Petechiae
Epistaxis
Ecchymosis

402. **What is epitaxis?:** Nose bleeds

403. **What is ecchymosis?:** Bruising

404. **What is petechiae?:** Small dot like pinpoint hemorrhages on the skin.

405. **What blood cell is low in leukopenia?:** White blood cells

406. **When the Absolute Neutrophil Count ANC is below_____ the person on chemotherapy will be placed on reverse isolation.:** 500

407. **What is the #1 integumentary side effect of chemotherapy?:** Alopecia

408. **What is alopecia?:** Hair loss

409. **The hair loss due to chemotherapy is usually temporary? (T/F):** True

410. **Can scalp tourniquets prevent chemotherapy alopecia?:** In some cases, yes

411. **Can ice packs to the scalp prevent chemotherapy alopecia?:** In some cases, yes

412. **CD ranks _____ among the leading cause of maternal death.:** Fourth

413. **What is the #1 cause of CD of pregnancy?** Rheumatic heart disease

414. **Pregnancy requires a _____ increase in the cardiac output.:** 30-50%

415. **What is the #1 cause of maternal death in CD of pregnancy?:** Decompensation

416. **What is meant by decompensation?:** Failure of the heart to maintain adequate circulation.

417. **What will you see when you observe the neck of a client with CD of pregnancy?:** Distended neck veins -JVD

418. **What will you hear when you auscultate the heart of the client with CD of pregnancy?:** Murmurs

419. **What will you hear when you auscultate the lungs of the client with CD of pregnancy?:** Crackles-rales

420. **If the client with CD of pregnancy experiences sudden heart failure what is the MOST common thing you will see?:** Sudden onset of SOB (dyspnea).

421. **What is the #1 treatment of CD during pregnancy?** Rest

422. **What are the three most common drugs given to women with CD in pregnancy?:** Diuretics
Heparin
Digitalis

423. **Why are diuretics given to women with CD of pregnancy?**
To promote diuresis which will:
-lower circulating blood volume
-decrease preload
-decrease the amount of blood the heart pumps.

424. **Why are anticoagulants (heparin only) given to women with CD of pregnancy?:** To prevent thrombophlebitis due to venous congestion, usually in legs.

425. **Why is digitalis given to women with CD of pregnancy?**
To increase the strength of the heart and to decrease the rate, rest the heart while making it more efficient

426. **Can a woman with CD of pregnancy be given analgesics during labor?:** Yes, in fact they should be given analgesics, may get too anxious which is bad for the patient

427. **Can morphine be given to a woman with CD during labor?**
Yes, even though it negatively affects the fetus, remember morphine decreases preload and pain which rests the heart.

428. **What is the most common dietary modification for the woman with CD who shows signs of decompensation?:**
Decreased sodium, decreased water (restriction)

429. **Is a C-section mandatory for delivery of a woman with CD of pregnancy?:** No

430. **Second to rest, what is very important treatment for CD of pregnancy?:** Weight control

431. **How long must the woman with CD of pregnancy be on bed rest after delivery?:** At least one week

432. **What nutrients should be supplied in the diet of the pregnant woman with CD?:** Iron
Folic acid

Prevent anemia (anemia always makes the heart work more)

433. **What are the two most common subjective complaints of the woman who is decompensating during labor?:** SOB
Palpitations

434. **In addition to the things you assess for in every woman during labor, what additional assessment must you make for a woman with CD?:** You must assess lungs sounds frequently

435. **How often must you assess the lung sounds during the first stage of labor? During active labor? During transition labor?:** Every 30 to 10 minutes

436. **In which position should a woman with CD in labor be?:** Semi recumbent, HOB up

437. **The nurse should limit the client's efforts to _____ _____ during labor when CD is present.:** Bear down

438. **What is the big danger to staff when caring for a client with cesium implant?:** Radiation hazard

439. **What are the three principles to protect yourself from radiation hazard?:** Distance
Shielding
Time

440. **Will the woman with a cesium implant have a foley?:** Yes

441. **From where should the nurse provide care to the client with cesium implant?:** The head of the bed

442. **How can the woman with cesium implant move in bed?:** Only from side to side

443. **What four symptoms in a patient with a cesium implant should be reported to the physician?:** Profuse vaginal discharge
Elevated temp
Nausea
Vomiting

(these indicate infection and perforation)

444. **Should pregnant staff care for a client with a cesium implant?:** No

445. **Can the woman with a cesium implant have the HOB elevated?:** Yes, only 45 degrees maximum

446. **From where should the nurse talk to the client?:** The entrance to the room

447. **Is bed rest necessary when a woman has cesium implant in place?:** Yes, absolute bed rest

448. **What type of diet is this woman with a cesium implant on?:** Low residue (decrease bowel motility)

449. **No nurse should attend the client with a cesium implant more than ____ per day.:** 1/2 hour

450. **What would you do if the cesium implant came out?:** Pick it up with forceps only - never touch with hand even if you are wearing gloves.

451. **Should the nurse provide perineal care for the client with a cesium implant?:** No, risk of radiation hazard

452. **What part of your hand do you use to handle a wet cast?:** The palm

453. **Upon what do you support a cast while it dries?:** Pillows (no plastic covers)

454. **How long does it take a cast to dry?:** 24 hours

455. **Should you cover a wet cast?:** No

456. **Should you use a heat lamp or hair dryer or fan to help dry a cast?:** No heat lamp and hair dryer
Yes fan

457. **What signs or symptoms would you report if they were present after cast application?:** Numbness
Tingling
Burning
Pallor
Unequal or absent pulses
Unequal coolness

458. **If there is inflammation under a cast, it will be evident in a _____ spot.:** Hot

459. **To prevent irritation of the skin near the edges of a cast the edges should be _____.:** Petaled

460. **What type of cast causes cast syndrome?:** A body cast

461. **What causes cast syndrome?:** Anxiety and stress leading to sympathoadrenal shut-down of the bowel

462. **What is the #1 symptom of cast syndrome?:** Nausea and vomiting due to bowel obstruction

463. **What is the #1 treatment of cast syndrome?:** NPO and NG tube for decompression

464. **A dry cast is gray or white?:** White

465. **A dry cast is dull or shiny?:** Shiny

466. **A dry cast is dull or resonant to percussion?:** Resonant

467. **Traction is used to _____ and _____ a fracture, relieve _____ _____ and prevent _____.:** Reduce and immobilize, muscle spasm; deformities

468. **Can skin traction be removed for skin care?:** Yes

469. **Can the client be removed from skeletal traction?:** No

470. **Name 3 types of skin traction:** Bucks
Bryants
Pelvic

471. **Name 3 types of skeletal traction:** Cranial tongs
Thomas splints with Peason attachments
90 degrees to 90 degrees

472. **What type of traction is most commonly used for hip fracture in adults?:** Bucks

473. **What type of traction is most commonly used for hip fractures in children?:** Bryants

474. **In what position should the bed be if the patient is in pelvic traction?:** Semi-fowlers with knee gatched

475. **To insure that Bryant's traction is working the child's hip/sacrum should be _____:** Off the bed enough to slip a hand between the sacrum and the bed.

476. **What is the advantage of balanced counteraction?:** You can easily move the patient around in bed

477. **Patients in Russell's traction are particularly prone to _____.:** Thrombophlebitis

478. **When a patient is in a Buck's traction they may turn to the _____ side.:** Unaffected

479. **Define cataract:** Opacity of the crystalline lens

480. **Is surgery done immediately upon diagnosis of cataract?:** No, they usually wait until it interferes with ADLs .

481. **What three most common visual defects occur with cataract?:** Cloudiness
Diplopia (double vision)
Photophobia (sensitivity to light)

482. **What are the two common treatments of cataract?:** Laser, surgical removal. Surgery called intraocular or extraocular lens extraction

483. **What does the eye look like when a client has cataracts?:** Cloudy, milky-white pupil

484. **What will the client be wearing after cataract surgery?:** A protective patch/shield on the operative eye for 24 hours, then a metal shield (AT NIGHT only) for 3 weeks

485. **When the client asks about the use of glassess or contacts after cataract surgery what would you say?:** If an introcular lens is implanted they will NOT need glasses. If no lens is implanted, then contacts will be fitted for 3 months post-op, temporary thick glasses given immediately but will get a different prescription in 2 to 3 months

486. **What will be a high priority nursing diagnosis for a client post cataract surgery?:** Safety

487. **Should the client ambulate independently after cataract surgery?:** No the patient should not ambulate independently, depth perception is altered.

488. **What positions are to be avoided after cataract surgery?:** Lying face down. Also, do not lie on operative side for a month.

489. **What are the post-operative signs of hemorrhage into the eye?:** Severe pain
Restlessness

490. **What movements are to be avoided after cataract surgery?:** Coughing
Sneezing
Bending at the waist
Straining at stool
Rubbing or touching eyes
Rapid head movements

491. **What positions are okay after cataract surgery?:** Do not lie on operative side; do not lie on back

492. **Should you use talcum powder with a post-operative cataract client?:** No, it may cause sneezing; also should avoid pepper.

493. **What are the three signs of increased intraocular pressure?:** Pain (moderate to severe)
Restlessness
Increased pulse rate

494. **What is the major objective in caring for a client after surgical cataract removal?:** To prevent pressure in or on the eyes

495. **When the lens is to be extracted for cataracts, what drugs are given preoperatively?:** Mydriatics
Dilators
Antibiotic drugs (gtts)

496. **What three drugs are given post-operatively for surgical cataract removal?:** Stool softeners
Antiemetics
Analgesics (mild to moderate)

497. **Give five causes of catarcts?:** Injury
Congenital
Exposure to heat
Heredity
Age

498. **Celiac's disease is a _____ disease:** Malabsorption

499. **The client with celiacs cannot tolerate_____:** Gluten

500. **Gluten is a _____.:** Protein

501. **What does gluten do to the intestines of the client with celiac's disease?:** It destroys the lining of the intestine.

502. **The stools of a client with celiac's disease are _____, _____ and _____- _____.:** Large
Greasy
Foul-smelling

503. **Clients with celiac's disease do not absorb what mineral?:** Iron

504. **Clients with celiac's disease don't absorb fats; therefore they don't absorb _____ _____ _____.:** Fat soluble vitamins

505. **What are the four fat-soluble vitamins?:** A,D,E,K

506. **Malabsorption of which vitamin leads to bleeding disorder?:** Vitamin K, remember do not mix up potassium with Vitamin K

507. **What will the abdomen of clients with celiac's disease look like?:** Distended with flatus

508. **What is the #1 treatment of celiac's disease?:** Gluten-free diet

509. **Veggies are allowed or not allowed in diet of client with Celiac's disease?:** Allowed

510. **Fruits are allowed or not allowed?:** Allowed

511. **Grains of all kinds are prohibited. (T/F):** False

512. **What grains are allowed in a gluten-free diet?:** Rice and corn

513. **What grains are not allowed in a gluten-free diet?:** Wheat
Oats
Rye
Alfalfa
Barley

514. **Are foods made with wheat, oat, or rye flour allowed?:** No

515. **Is milk allowed on a gluten-free diet?:** Yes

516. **Are meats allowed on a gluten-free diet?:** Yes, but watch for breaded meats and hot dogs/lunch meats- may have grain in them and are not allowed

517. **Are eggs allowed on a gluten-free diet?:** Yes

518. **Is commercial ice cream allowed on a gluten-free diet?:** No, even though it is a milk product, commercial ice cream has GRAIN in it.

519. **Are puddings allowed on a gluten-free diet?:** No, for the same reason ice cream isn't.

520. **Which soups are not allowed on a gluten free diet?:** Creamed soups- these often have flour

521. **The #1 problem with central lines _____:** Infection

522. **How often should central line dressings be changed?:** QOD- every other day

523. **What type of dressing is applied to a central line insertion site?:** Sterile occlusive
524. **Can drugs be piggybacked into central --TPN?:** No, use another lumen.
525. **When changing central line tubing the patient should be told to_____?:** Turn his head away from the site, hold breath, and perform the Valsalva maneuver
526. **If a central line is found accidentally open the patient should be positioned on his _____ _____.:** Left side
527. **A CVA is a _____ of the brain cells due to decreased _____ _____ and _____.:** Destruction; blood flow and oxygen
528. **Women have a (higher/lower) incidence of stroke than men?:** Lower
529. **Name the three types of CVA:** Embolus
Thrombus
Hemorrhage
530. **Use of oral contraceptives increases the risk of CVA (T/F):** True
531. **Chronic abuse of alcohol increases risk of CVA. (T/F):** False
532. **Obesity increases risk of CVA (T/F):** True
533. **Smoking increases the risk of CVA. (T/F):** True
534. **Atrial fibrillation increases the risk of CVA (T/F):** True, emboli particularly
535. **What is a TIA?:** Transient Ischemic Attack
Warning sign of impending CVA (transient neurologic deficits of any kind can last 30 seconds to 24 hours)
536. **Do patients experiencing a CVA have a headache?:** Yes
537. **The first sign of CVA is usually a_____:** Change in LOC
538. **The activity order in early management of CVA is _____.:** Absolute Bed Rest
539. **The patient with a recent CVA is most likely to have fluids restricted or forced?:** Restricted
540. **How far should the HOB be up after CVA?:** 30 degrees
541. **Can the stroke victim be turned side-to-side?:** Yes
542. **How often should the CVA patient be turned or repositioned?:** Every 2 hours
543. **The CVA patient should be turned onto his paralyzed side no longer than 2 hours. (T/F):** False, the patient should not be on their paralyzed side for more than 20 minutes.
544. **ROM exercises should occur every 2 hours in CVA patients. (T/F):** False-- every 4 hours or 3 times a day is enough
545. **To prevent urinary incontinence; the CVA patient should be catheterized. (T/F):** False- remember incontinence will never be allowed as a reason for catheterization
546. **Which type of paralysis is typical of CVA- paraplegia, hemiplegia or quadriplegia?:** Hemiplegia
547. **What anatomical fact accounts for the left side of the body being controlled by the right brain?:** The motor-pyramidal-tracts cross over to the other side (decussate in the medulla)
548. **If the patient has right hemiplegia, he cannot move his ____ ____ and ____ ____ and the stroke was on the _____ side of the brain.:** Right arm and right leg, left
549. **What is hemianopsia?:** Not being able to see one half of the field of vision.
550. **The client with hemianopsia should be taught to _____.:** Scan
551. **What is scanning?:** Moving the head from side to side to see the whole field of vision.
552. **If the client has right homonymous hemaniopsia, the food on the ____ side of the tray may be ignored.:** Right
553. **After meals, the nurse must always check _____ of the CVA client for _____.:** Mouth (cheek), food
554. **Should a CVA patient have all four side rails up at all times? Should they be restrained?:** Side rails yes. Restraints-no, unless they are a danger to themselves or others
555. **When a patient does not understand INCOMING language he is said to have _____ aphasia.:** Receptive
556. **When the CVA client understands your question but can't respond verbally correctly, he is said to have _____ aphasia.:** Expressive
557. **What is global aphasia?:** Both receptive and expressive
558. **Aphasia is most common if the stroke occurred in the (dominant/non-dominant) hemisphere of the brain.:** Dominant
559. **How do you tell which side of the person's brain is dominant?:** It is the side that controls their dominant hand, ie, a left handed person has a dominant right hemisphere and conversely a right hand person has a dominant left hemisphere
560. **For which type of aphasia are slow, short, simple directions most useful?:** Receptive
561. **For which type aphasia is careful listening and needs anticipation most useful?:** Expressive
562. **The loss of the ability to perform purposeful, skilled acts, ie brushing teeth, is called _____.:** Apraxia
563. **Cytoxan cyclophosphamide:** Hemorrhagic cystitis
564. **Cisplatin:** Peripheral neuropathy, constipation, ototoxicity
565. **Bleomycin:** Pulmonary fibrosis
566. **Adriamycin:** Cardiotoxicity
567. **Vincristine:** Peripheral neuropathy (foot drop, numbness and tingling, hoarseness, jaw pain)
constipation (adynamic ileus due to neurotoxicity)
568. **DTIC- dome:** Flu-like symptoms

Chemo-therapeutic Agent Toxicities

569. **Methotrexate:** Toxic to just about every organ except to heart, toxicity made worse with aspirin
570. **The infant fears _____ most when hospitalized.:** Separation from love object
571. **The toddler fears _____ most when hospitalized.:** Separation from family

572. **The preschooler fears separation as well as _____ when hospitalized.:** Mutilation- remember preschoolers have vivid imaginations...fantasy

573. **The toddler and preschooler will think that illness is caused by_____.:** Something they did wrong.

574. **The school-aged hospitalized child is afraid of separation from _____.:** Age group

575. **The school-aged child perceives the cause of illness to to be external or internal?:** External, she knows that illness is not a result of bad behavior.

576. **The adolescent who is hospitalized fears separation from _____ and loss of _____.:** Peers, independence

577. **Preschoolers may require physical restraint during painful procedures. (T/F):** True

578. **Which age group engages in stalling tactics before painful procedures most?:** School-Age

579. **Which age groups are most likely to physically resist the nurse during procedures?:** School-age, adolescents

580. **Toddlers may require physical restraint for painful procedures. (T/F):** True

581. **The meats that are highest in cholesterol are _____ meats.:** Organ meats
liver, heart, brains, kidneys

582. **The meats that are second highest in cholesterol are the _____:** Shell seafood- shrimp, crab, lobster

583. **Egg white is (high/low) in cholesterol?:** Low

584. **Egg yolk is (high/low) in cholesterol?:** High

585. **The three meats lowest in cholesterol are _____, _____ and _____.:** Chicken, pork, mutton

586. **Milk is (high/low) in cholesterol.:** Low

587. **Is cheese high in cholesterol?:** Only moderate, not really that high

588. **Which oils are high in cholesterol?:** Animal oils

589. **Is cholesterol a triglyceride?:** No

590. **Do plant foods contain any cholesterol?:** No, not many

591. **What is otitis media?:** Chronic infectious/inflammatory disease of the middle ear

592. **Is otitis a disease of the adult or child?:** Usually the child

593. **What part of the ear is involved in otitis media?:** Middle ear

594. **What are the 2 common subjective signs of otitis media?:**
Hearing loss
Feeling of fullness in the ear

595. **What are the 2 common objective signs of otitis media?:**
Hyperpyrexia (fever)
Drainage from ear

596. **What commonly happens secondary to otitis media?:**
Perforation of the ear drum

597. **Do all the children with otitis media need tubes in their ears?:** No

598. **What are the two most common medical treatments for otitis media?:** Systemic antibiotics
Antibiotic ear drops

599. **What is the most severe complication of otitis media?:**
Meningitis or mastoiditis

600. **What is cholesteatoma?:** An epidemial cyst in the ear highly associated with otitis media.

601. **What are the restrictions to be followed when tubes are in a child's ear?:** No swimming, no showering, no diving

602. **What is cleft lip?:** The lip is open to the nares

603. **What is cleft palate?:** The roof of the mouth is open to the nasopharynx.

604. **Is it possible to have only one: cleft lip or cleft palate?:**
Yes, you can have one or or the other or both

605. **When will the cleft lip be repaired?:** Between 10 weeks and 6 months

606. **When is cleft palate repaired?:** Between 1 and 5 years of age

607. **Why is cleft lip repaired early?:** Feeding is easier after repair and appearance after repair is more acceptable to parents.

608. **Describe the nipples on bottles used to feed babies with cleft lip?:** Large-holed, soft nipples

609. **The infant with cleft lip/palate needs more frequent _____.:** Bubbling, burping

610. **Children with cleft lip/palate should be fed in what position?:** An almost upright position

611. **What is the #1 complication of cleft lip/palate?:** Aspiration

612. **Children with cleft lip and cleft palate have long-term problems _____, _____ and _____.:** hearing
speech
teeth

613. **In how many surgeries is cleft palate repaired?:** Two surgeries
one at 12 to 18 months
the last at 4 to 5 years

614. **Why is final repair of the palate delayed until 4 to 5 years?:**
Earlier surgery would interfere with tooth development.

615. **How are cleft lip and cleft palate primarily treated?:**
Surgical repair

616. **Is the infant restrained BEFORE repair?:** No, just AFTER repair

617. **Should children with cleft palate BEFORE surgery be allowed to cry? To breast-feed?:** Yes, they can cry; may breast feed with simple cleft lip however palate interferes with feeding

618. **AFTER repair of cleft lip is infant allowed to cry? To breast feed?:** No, the infant should be held to PREVENT CRYING; the infant is not allowed to breast-feed because sucking is not good after lip repair.

619. **After clep lip repair, what device will the baby wear?:** A Logan bow

620. **What is the purpose of a Logan Bow?:** To prevent stress on the suture line

621. **With what device will the infant be restrained?:** Elbow restraints

622. **How do you care for an infant with a Logan Bow?:** Remove the gauze before feeding and cleanse after feeding with peroxide and saline.

623. **Can cleft lip /palate babies sleep on their backs?:** Yes

624. **What position is contraindicated after cleft lip repair?:** NEVER lie on their abdomen

625. **What will be used to feed the infant after cleft lip repair?:** A dropper/syringe with rubber tip to discourage sucking

626. **What must the mother do after feeding the baby who has had cleft lip/palate repair?:** Rinse the infant's/child's mouth with water

627. **What is a colostomy?:** A surgically created opening of the colon out onto the abdomen wall.

628. **Name the 3 most common reasons for a colostomy.:**
Cancer
Diverticulitis
Ulcerative Colitis

629. **What is meant by the term "temporary colostomy"?:** A colostomy that is not intended to be permanent-- the bowel will be reconnected at a later date and the client will defecate normally

630. **What is meant by the term "double barrel" colostomy?:** A procedure where the colon is cut and both ends are brought out onto the abdomen.

631. **Colostomies performed for cancer tend to be (temporary/permanent).:** Permanent

632. **Colostomies performed for a gunshot are usually (temporary/permanent):** Temporary

633. **In a double-barrel colostomy, from which stoma (barrel) will the stool come out?:** Proximal

634. **A fresh new stoma is _____, _____ and _____.:** Red, large, noisy

635. **When a client voices embarrassment over the noises that their colostomy makes on the first post-op day, what would you say?:** The noise will go away in a few days to a week.

636. **What behavior on the part of the client is the BEST indicator that they have accepted their stoma?:** When they do their own stoma care

637. **By what day post-op should the client begin to take care of their own stoma?:** By the 3rd to 4th day, they should be looking at it and asking questions by day 2.

638. **The MORE colon is removed the more _____ the stool.:** Liquid

639. **What technique is used to remove feces and flatus from the bowel through a colostomy?:** Colostomy irrigation

640. **How many times per day will the client irrigate his colostomy?:** Once

641. **Which solution is used to irrigate a colostomy?:** Tap water

642. **How warm should the irrigation solution be?:** Warmer than body temperature, ie, 99-100F

643. **In what position should the client be when they irrigate their colostomy?:** Sitting

644. **Illeostomy:** liquid stool
odor mild
stool very damaging to the skin
continuous drainage
high risk for fluid/electrolyte imbalances
incontinent
never irrigate

645. **Transverse Colostomy:** soft stool
typical stool odor
stool damages the skin
empties several times per day
may or may not be at risk for fluid/electrolytes imbalances
may irrigate

646. **Descending Colostomy:** formed stool
typical stool odor
stool doesn't irrigate unless diarrhea
predictable 2 to 3 times per day emptying
lowest risk for fluid/electrolyte imbalances
continent
do irrigate

647. **CHF can be right-sided, left sided or both-sided. (T/F):** True- left sided usually comes FIRST

648. **What does right sided CHF mean?:** Right ventricle has decompensated

Dependent Edema (legs and sacrum)
Jugular venous distention
Abdominal distention
Hepatomegaly
Splenomegaly
Anorexia and nausea
Weight gain
Nocturnal diuresis
Swelling of the fingers and hands
Increased BP

649. **What does left sided CHF mean?:** Left ventricle has decompensated

650. **CHF can result from MI. (T/F):** True

651. **When cardiac output fails, name three ways the heart will try to compensate.:** Ventricle hypertrophy
Dilate and heart rate will increase

652. **What is meant by "cardiac decompensation"?:** It means that the compensatory mechanisms - hypertrophy, dilation, tachycardia are not working and the heart has failed.

653. **Name the three groups of drugs used to treat CHF?:**
Diuretics
Vasodilators
Digitalis

654. **What is the activity order for clients with CHF?:** Bed Rest

655. **What special item do clients with CHF have to wear to decrease venous stasis in the legs?:** TED hose

656. **How often should anti-embolism hose (TED) be removed?:** Daily

657. **When during the day should TED hose be applied?:** Before the client gets out of bed

658. **Is it okay to use powder with TED hose?:** Yes
659. **Should you massage the calves of the client with CHF?:** Never
660. **Before you give digitalis, what action must you take?:** Measure the apical pulse
661. **If the adult client's apical pulse is below 60, what should you do?:** Do not give digitalis
For a child don't give for a pulse under 70
For an infant don't give for a pulse under 90
662. **What daily measurement best indicates the amount of fluid the client is retaining?:** Daily weight
663. **Should clients with CHF have a Foley catheter?:** Yes, on diuretics and fluid balance is important
664. **What complication is common in CHF?:** Pulmonary edema
665. **When the client is taking diuretics, what mineral is the CHF client most likely to lose?:** Potassium--K+
666. **You should tell the client with CHF to immediately report to his/her doctor if he/she gains _____pounds in one week.:** Three
667. **Name the four most common toxic effects of digitalis.:** Anorexia
N&V-- very common
Yellow vision
Arrythmia
668. **Should hearing aids be removed before going for surgery?:** Yes, but just before surgery
669. **Hearing aids are more useful in sensory or conductive hearing loss?:** Conductive
670. **Some women experience discomfort when wearing contact lenses during pregnancy or menstrual periods. (T/F):** True
671. **Should a client sleep with the hearing aide in place?:** No, a client should not sleep with a hearing aide in place.
672. **What the two most common causes of whistling and squealing of a hearing aid?:** Loose earmold
Low battery
673. **What solution should be used to clean a hearing aid?:** Soap and water
674. **What solution is best to use if you intend to remove a client's contact lenses?:** Sterile saline
675. **Hearing aids make sounds more distinct and clear. (T/F):** False, they only amplify--make it louder, they do not clarify
676. **Can you use alcohol on the earmold of a hearing aid?:** No, it dries and cracks it
677. **The connecting tube of a hearing aid can be cleansed with_____.:** A pipe cleaner
678. **What is the most common complication of malpositioned lenses in the comatose or confused patient?:** Corneal ulceration
679. **1 kg:** 1000 cc
680. **1 inch:** 2.5 cm
681. **1 ml:** 1 cc
682. **1 tsp:** 4 to 5 cc
683. **1 g:** 1000 mg
684. **1 L:** 1000 cc
685. **1 oz:** 30 cc
686. **1 kg:** 2.2 lbs
687. **1 tbs:** 15 cc
688. **1 tbs:** 3 tsp
689. **1 gm:** 15 gr
690. **1 gr:** 60 mg
691. **Cushings syndrome is _____ secretion of _____, _____ and _____ _____ by the _____ _____.:** Oversecretion; glucocorticoids, mineralocorticoids, androgenic hormones; adrenal gland
692. **In Cushings the blood sugar is (increased/decreased).:** Increased
693. **In Cushings the sodium level is (increased/decreased):** Increased
694. **In Cushings syndrome, the client develops _____ face.:** Moon
695. **In Cushings syndrome, the trunk is _____ and the extremities are _____.:** Obese, thin
696. **What is seen on the abdomen of the patient with Cushings?:** Striae--purple horizontal lines
697. **Men with Cushings develop_____.:** Gynecomastia
698. **What is gynecomastia?:** Female-type breasts
699. **Women with Cushings develop?:** Hirsutism
Amenorrhea
700. **What is hirsuitism?:** Hair where you don't want it
701. **The Cushings syndrome patient will have a _____ on their upper back.:** Buffalo hump
702. **The patient with Cushings Syndrome will have (increased/decreased) blood pressure.:** Increased, remember retaining water and sodium
703. **The Cushings syndrome patient will have _____ natremia, _____kalemia and _____glycemia.:** Hyper; hypo; hyper
704. **Cushings clients will have (increased/decreased) resistance to infection.:** Decreased
705. **Chronic _____therapy imitates Cushings.:** Steroid
706. **Cushings Man aka Cush Man:** moon face with infection
buffalo hump on back
big trunk
thin extremities
loses potassium
keeps glucose and salt
has striations on abdomen and breasts
707. **Is CF hereditary?:** Yes
708. **What glands are affected in CF?:** Exocrine glands

709. **What is the appearance of the stool in a client with CF? remember the 4 Fs:** Fat
Frothy
Foul-smelling
Floating
Steatorrhea

710. **What are the top 2 nursing diagnoses for a client with CF?** Decreased airway clearance Alteration in nutrition or absorption

711. **What is the classic test for CF?:** Iontophoresis - sweat test

712. **In which two systems/organs are the most problems in CF?:** Lungs
Pancreas

713. **How does the client evaluate the activity of their pancreas?:** Observe stools for steatorrhea

714. **What is the typical diet for CF client?:** High calorie
High protein
Modified fat

715. **The major problem in CF is _____.:** Increased viscosity of the secretions of exocrine glands lead to obstruction.

716. **The most common intervention for the CF client with a diagnosis of decreased airway clearance is _____.:** Postural drainage

717. **What vitamins need to be replaced in CF?:** Fat soluble in water soluble form -- A,D,E,K

718. **What do CF clients need to do (ingest) in hot weather?:** Take NaCl tablets

719. **The child with the diagnosis of CF probably had a history of _____ _____ at birth.:** Meconium ileus-- bowel obstruction due to the thickness of the stool.

720. **Why is the child with CF receiving pancreas/viokase/pancreatin?:** They are enzymes which aid absorption of nutrients.

721. **When should the child with CF take his pancreatin/viokase/pancreas?:** With meals, so it is in the gut while the food is present, the whole purpose is to increase absorption of ingested food.

722. **Define Cystoscopy?:** Direct visualization of the urethra and bladder through a cystoscope.

723. **What would you do if the client had any one of the following after cystoscopy: bladder spasm, burning, frequency?:** Record it but no need to call the MD

724. **What would you do if the client's urine was pink-tinged after cystoscopy?:** Record it in the notes, no need to call the MD.

725. **Is the client NPO before cystoscopy?:** No, not unless a child with a general anesthetic-- in fact with adults you should encourage fluids.

726. **Are enemas required before cystoscopy?:** No, but may be ordered.

727. **Should you encourage fluids after cystoscopy?:** yes

728. **Is a signed informed consent required for cystoscopy?:** Yes

729. **What vital sign changes are most ominous after cystoscopy?:** A fall in the blood pressure and increase in the pulse-- increasing hemorrhage

730. **Is the client sedated for a cystoscopy?:** It is done under LOCAL anesthesia. General anesthesia may be used for a child.

731. **What drugs are most commonly given before cystoscopy?:** Valium or demerol

732. **Increasing dietary fiber lowers the risk of _____ of the _____.:** Cancer, colon

733. **Foods lose some or all of their fiber when they are _____. _____,_____ or_____.:** Processed, cooked, peeled, refined

734. **Whole grains and grain products are (high/low) in fiber:** High

735. **Fruits are (high/low) in fiber.:** High

736. **Veggies are (high/low) in fiber.:** High

737. **Milk and milk products are (high/low) in fiber:** Low

738. **Meats are (high/low) in fiber.:** Low

739. **Nuts, seeds, and legumes are (high/low) in fiber:** Low

740. **Which has highest fiber? Grains, fruits, veggies, nuts:** Grains, especially bran

741. **When a person increases fiber in the diet they should do so_____.:** Slowly

742. **Side effects of a high fiber diet include_____ and malabsorption of _____.:** Gas (flatus), minerals

743. **Of milled bread, enriched bread, fortified bread and whole grain bread; which is highest in fiber?:** Whole grain

744. **What structures in the brain are most affected in Parkinson's?:** Basal ganglia

745. **The neurotransmitter imbalance that causes Parkinson's is a _____ in _____ _____.:** Decrease, dopamine activity

746. **What drugs can cause a Parkinson-like syndrome?:** Haldol, major tranquilizers -- drugs that end in -azine

747. **What is the classic motor manifestation of Parkinson's?:** Pill-rolling and tremors

748. **What type of rigidity is typical of Parkinson's?:** Cogwheel

749. **Parkinson's patients move fast or slow?:** Slow

750. **What type of gait is seen in Parkinson's?:** Shuffling slow gait

751. **Patient's with Parkinson's have _____ speech.:** Monotone

752. **Patients with Parkinson's tend to have constipation or diarrhea?:** Constipation

753. **Name four drugs used to treat Parkinson's:** Levodopa, Sinement, Symmetrol, Cogentin, Artane, Parlodel

754. **In what type of chair should Parkinson's patients sit?:** Firm, hard-backed

755. **What time of day can be particularly dangerous for the Parkinson's patient?:** Mealtime, due to choking

756. **When a patient is taking Levodopa he should have assistance getting out of bed because...:** Of orthostatic hypotension

757. **What vitamin should patients on Levodopa avoid?:** B6 pyridoxine

758. **Levodopa should be given with or without food?:** With

759. **What might Levodopa do to patients urine?:** Make it very dark

760. **The tremors of Parkinson's will get better or worse when they purposefully move or perform a task?:** Better, they tremor more when not performing an action

761. **The client on a PCA pump is less likely to have post-operative complications than the client without a PCA pump. (T/F):** True, because the comfortable patient moves around more and is less likely to get thrombophlebitis, pulmonary embolus, fatigue, ileus and pneumonia

762. **Clients with COPD are not good candidates for PCA pumps. (T/F):** True, due to the effects of narcotics on central respiratory control

763. **Name the three most common uses of PCA techniques:** Post-operative pain, cancer pain, sickle-cell crisis pain

764. **PCA pumps allow a more constant level of serum drug than conventional analgesia. (T/F):** True

765. **A major disadvantage of PCA pump is that the client can take too much medication. (T/F):** False, it is not possible for the client to overdose due to the lock-out feature

766. **Clients on PCA pumps use more medication than those receiving IM injections. (T/F):** False, they use less

767. **A disadvantage of PCA pumps is that the client does not ambulate as early due to the machine. (T/F):** False, PCA clients ambulate earlier and they pull their machine with them.

768. **When discontinuing a PCA infusion it is acceptable to discard the drug cartridge. (T/F):** False, the whole cartridge system must be returned to the pharmacy due to federal narcotic control laws.

769. **Comfort range or relative humidity is...:** 30-60%

770. **Which patients should be forbidden to smoke? Smoke alone?:** Those with oxygen in the room, confused, sleepy, drugged clients

771. **When applying restraints remember to...:** Avoid bruising skin, cutting off circulation, accidental entangling

772. **List ways to ensure privacy..:** Use drapes and screens during care in semi-private rooms

773. **Plastic pillow cases are _____. (disadvantages):** Hot and slippery

774. **When using restraints with clients who object, don't forget about _____- _____.:** False imprisonment

775. **Individuals who are ill are _____ sensitive to noise than individuals who are well.:** more

776. **When you are not at the bedside the bed should always be...:** In the lowest position

777. **Can nurses be held liable for an accident resulting from a client not being told how to use the call light?:** yes

778. **Dangers associated with drafts are...:** Circulation of micro-organisms on air currents

779. **The first thing a nurse should do when a client objects to side rails is...:** Explain why they are being used.

780. **The comfort range of temperature is...:** 68 to 74 degrees

781. **Is having the client verbally identify himself considered adequate safety?:** No, only identification bands are acceptable.

782. **Bed side rails should be up for the following individuals...:** Elderly clients, unconscious, babies, young children, restless, confused

783. **The symptoms of sensory overload and sensory deprivation are...:** Fear, panic, depression, inability to concentrate, restlessness, agitation

784. **If a family member asks to have the side rails down while they are in the room you should...:** Remember that you are responsible for the client's safety-- not his family, it might be unwise to permit this

785. **Pillows are sterilized between uses. (T/F):** False

786. **What is the common name for pediculosis?:** Lice

787. **What is the common finding with pediculosis pubis?:** Reddish-brown dust in the underwear

788. **What common household solution is used to remove nits?:** Vinegar. Nits are the eggs of lice that adhere to the hair shaft

789. **What shampoo is used for lice?:** Kwell

790. **Where are head lice most commonly found?:** At the back of the head and behind the ears

791. **On what do lice feed?:** Blood

792. **After treatment how long do you have to inspect for lice?:** Inspect for 2 weeks to be sure that they are all gone

793. **What is the most common symptom of lice?:** Itching

794. **What is the most dangerous toxicity of Kwell?:** CNS toxicity

795. **What is the typical of the lesions of pemphigus?:** Foul-smelling, blisters break easily, seen in the elderly, cause unknown

796. **What is the characteristic lesion of pemphigus?:** Large vesicular bullae

797. **What are bullae?:** Large blisters

798. **What chemical is added to the bath water of a client with pemphigus?:** Potassium permanganate

799. **What precaution must be taken with potassium permanganate?:** Be careful that no undissolved crystals touch the client; it will burn the skin

800. **What is the typical skin care of pemphigus?:** Cool wet dressing

801. **What unusual nursing diagnosis is high priority in pemphigus?:** Alteration in fluid and electrolyte balance

802. **What are the top three nursing interventions in pemphigus?:** Oral care, protection from infection, encouraging high fluid intake

803. **What kinds of fluids will clients with pemphigus drink best?:** Cold fluids

804. **What drugs are most commonly used?:** Steroids

805. **Should steroids be given with meals?:** Always
806. **What is the #1 cause of death in pemphigus?** Overwhelming infection
807. **Pemphigus:** An acute or chronic disease of adults, characterized by occurence of successive crops of bullae that appear suddenly or apparently normal skin and disappear, leaving pigmented spots. It may be attended by itching and burning and constitutional disturbance. The disease if untreated is usually fatal. A characteristic finding is a positive Nikolsky sign: When pressure is applied tangential to the surface of affected skin, the outer layer of epidermis will detach from the lower layer. (Probably autoimmune)
808. **Peritoneal Dialysis (PD):** The removal of wastes, electrolytes and fluids from the body using peritoneum as dialysis membrane
809. **When PD is being used the client must be on heparin. (T/F):** False, you do not need to be heparinized for peritoneal, but you do need to be heparinized for hemodialysis
810. **How long does one episode/course of PD last?:** Could be 10 hours
811. **With PD there is a high/low risk of peritonitis?:** High
812. **When fluid accumulates in the abdomen during PD what problem does the client experience first?:** Dyspnea - SOB or difficulty breathing, due to the inability of the diaphragm to descend
813. **What nutrient is lost in highest amounts during PD?:** Protein
814. **Can a client who had recent bowel surgery get PD?:** No
815. **Should a client who is having breathing problems receive PD?:** No
816. **What body surface must be punctured to administer PD?:** The abdomen
817. **The solution introduced into the peritoneum during PD is called...:** Dialysate
818. **Before allowing the dialysate to flow into the peritoneal cavity it must be _____ to _____ temperature.:** Warmed, body
819. **Before PD it is important the client be..:** Weighed, to assess water loss or gain
820. **What force is used to introduce the dialysate into the peritoneum?:** Gravity only, no pumps
821. **How fast does the dialysate usually flow into the peritoneum?:** In 10 minutes
822. **How long is the dialysate allowed to remain in the peritoneum before it is drained out?:** 15-30 minutes
823. **How long does it usually take for the dialysate to drain out of the peritoneum?:** 10 minutes: (10 minutes flow in, 30 minutes in abdominal cavity, 10 minutes flow out = total of 50 minutes)
824. **If the dialysate does not drain out well, you would first..:** Have them turn side to side
825. **What color is the dialysate when it comes out?:** Straw-colored - clear
826. **Should you raise the HOB to increase drainage of the dialysate?:** Yes
827. **How often do you measure vital signs during PD?:** Every 15 minutes during the first cycle and every hour thereafter
828. **Can a client on PD: Sit in a chair? Eat? Urinate? Defacate?:** Yes to all
829. **If too much fluid is removed during PD, the client will experience...:** Decreased blood pressure (hypotension)
830. **If the client absorbs too much of the dialysate the client will experience...:** Increased blood pressure (circulatory overload)
831. **If the client complains of dyspnea during PD you would first _____, then _____.:** Slow the flow, elevate HOB
832. **If the client complains of abdominal pain during PD you would first...:** Encourage them to move about
833. **Cloudy drainage in the dialysate commonly means...:** Peritonitis (Not good, call MD)
834. **What would you do if you noticed a small amount of blood come out in the first few bottles that were infused?:** Nothing, this is normal: the blood is due to the initial puncture of the abdomen
835. **What precautions are important in the care of the client receiving PD?:** Safety, because they get dizzy.
836. **Is I&O important to record during PD?:** Yes
837. **How high should the dialysate bag be when its infused?** Shoulder height
838. **What factor do clients with pernicious anemia lack?:** Intrinsic factor. It has no other name.
839. **What vitamin is not absorbed in a patient with pernicious anemia?:** Vitamin B-12
840. **What is another name for Vitamin B-12?:** Extrinsic factor
841. **Why isn't Vitamin B-12 absorbed in pernicious anemia?:** Because these patients lack intrinsic factor
842. **What happens when patients with pernicious anemia don't absorb Vitamin B-12?:** Their RBC's do not mature and they become seriously anemic.
843. **What other disease can be confused with pernicious anemia?:** Angina pectoris
844. **What are some classic and unique signs of pernicious anemia?:** Beefy red tongue
Numbness and tingling of the hands
Sores in the mouth
Chest pain
845. **What is the medical treatment for pernicious anemia?:** IM injections of Vitamin B-12
846. **How long must the client receive this medical treatment?:** For the rest of life
847. **Can we cure pernicious anemia?:** No, just treat the symptoms.
848. **What unique urine test is done to diagnose pernicious anemia?:** The Schilling test

849. **Is it okay to give B12 orally to a client with pernicious anemia?:** No, it will never be absorbed due to a lack of intrinsic factor

850. **What neurologic test do they do for this anemia?:** The Romberg test (a test for balance), in normal people this test is negative, in the client with pernicious anemia this test becomes positive

851. **What is conservation? In what stage does it develop?:** When the child realized that number, weight, volume remain the same even when outward appearances change; Concrete Operational

852. **What is the age range of formal operation thinking?:** 12-15

853. **What is the sensori-motor stage of intellectual development?:** It is the intellectual stage of children from birth to 2 years

854. **What is the age range of concrete operational thinking?:** 7-11

855. **What is the age range of pre-operational thinking? Hint: Think of PRE-schoolers.:** 3-6

856. **What is the classic pattern in formal operational thinking?:** Abstract reasoning

857. **What is egocentricity? In what stage is it found?:** The child views everything from his frame of reference, common in pre-operational thinking

858. **In Placenta Previa the placenta is implanted _____ than it should be and lays over the _____ _____.:** Lower, cervical os

859. **What is the classic symptom of Placenta Previa?** Painless 3rd trimester bleeding (hint: Painless Placenta Previa)

860. **In whom is Placenta Previa most likely to occur? Primigravida's or multigravida's?:** Multigravidas

861. **What is meant when the physician/nurse use the terms total (complete) or partial (incomplete) in reference to placenta previa?:** Total or complete: placenta covers whole cervical opening
Partial or incomplete: placenta covers only part of the cervical opening

862. **What are the 3 complications of placenta previa?:** Shock
Maternal death
Fetal death

863. **What is the best and safest way to confirm placenta previa?:** Ultrasound

864. **Should a woman with placenta previa be hospitalized?:** Yes, always if bleeding

865. **If a surgeon delays doing a C-section for Placenta Previa it is due to: (reason for delay).:** Immaturity of the fetus (they will want the child to mature)

866. **As soon as Placenta Previa is diagnosed, most pregnancies will be terminated via C-section if the fetus is mature. (T/F):** True

867. **If a woman is admitted with active bleeding with Placenta Previa you should monitor fetal heart tones _____.:** Continuously via fetal monitor

868. **It is not necessary to use electronic fetal monitoring when there is active bleeding in Placenta Previa. (T/F):** False, infant must always be monitored

869. **Will a woman with active bleeding in Placenta Previa be given any systemic pain relief during labor?:** No, they don't want to depress the fetus

870. **If you were told to start the IV on the woman admitted for Placenta Previa, what gauge needle would you use?:** 18 gauge, or any other large enough to administer blood

871. **Pneumonia is an _____ in the _____ of the _____.:** Infection, alveoli, lungs

872. **Pneumonia is only caused by bacteria. (T/F):** False, it can be caused by viruses and aspiration.

873. **Which blood gas disorder is most common in pneumonia?:** Respiratory alkalosis, because the hyperventilation blows off more CO2, than the consolidation traps in the blood

874. **What is polycythemia vera?:** A blood disease in which there is an increase in erythrocytes, leukocytes and platelets

875. **What is the typical complexion of a client with polycythemia vera?:** Ruddy red, almost purple

876. **What procedure is done to relieve symptoms in polycythemia vera?:** Phlebotomy

877. **What is phlebotomy?:** Drain off 200-500 cc of blood from body (opposite of transfusion).

878. **What type of diet will people with polycythemia vera be on?:** Low iron

879. **What are three signs of polycythemia vera?:** Headache
Weakness
Itching

880. **Is hemoglobin increased or decreased in this disease?:** Increased

881. **What oral problem will people with polycythemia vera have?:** Bleeding mucous membranes

882. **What organ will be enlarged in polycythemia vera?:** The spleen, because it is destroying the excessive RBC's.

883. **Due to increased destruction of RBC's seen in polycythemia vera what blood level will be increased?:** Uric acid levels will be high (remember - uric acid levels are always high when cells are being destroyed as in hemolysis, chemotherapy or radiation therapy)

884. **What drug is most commonly used in polycythemia vera?:** Myleran -- (this is usually used for bone marrow cancer)

885. **How often should the client cough and deep breath post-operatively?:** Every 2 hours

886. **How often should the post-operative patient turn?** Every 2 hours

887. **How often should the patient use the incentive spirometer?:** Every 1-2 hours

888. **How often should the nurse auscultate the lung sounds post-operatively?:** Every 4 hours

889. **How often should the bedridden post-operative patient do leg exercises?:** Every 2 hours

890. **The post-operative patient should void by _____hours post-operatively or you must call the MD.:** 6 to 8
891. **Will the typical post-operative client have lung sounds? Bowel sounds? Increased temperature?:** Lung - yes; bowel sounds - no; Low grade temperature - yes
892. **Unless contraindicated the patient should be out of bed no later than _____ hours post-operatively.:** 24
893. **Deep vein thrombosis is most common in what type of surgery?:** Low abdominal or pelvic
894. **The most common complication of deep vein thrombosis _____ _____.:** Pulmonary embolism
895. **The best way to prevent thrombophlebitis is TED hose. (T/F):** False, ambulation/exercise are the best ways.
896. **What is paralytic ileus?:** Paralysis of the bowel due to surgery (common --especially in abdominal surgery)
897. **If a post-operative patient complains of gas and cramping you should first _____ then _____.:** Assess then ambulate
898. **The typical post-operative inflammatory temperature elevation is in the range of _____.:** 99.8 to 101 degrees
899. **The onset of post operative infection is on the _____ or _____ day post-operative day.:** 2nd or 3rd, never before that (remember elevated temperatures earlier than the 2nd post-operative day is NOT infection)
900. **Define dehiscense:** Separation of the incisional edges
901. **Define evisceration:** Protrusion of abdominal contents through a dehiscence.
902. **What do you do for dehiscence?:** Decrease HOB (but not flat); cover with sterile gauze moistened with sterile saline, call MD
903. **What do you do, in order, for evisceration?:** Decrease HOB (but not flat); cover with sterile gauze moistened with sterile saline, call MD
904. **ante-:** Before in time or place (ie. "antepartal - before giving birth)
905. **Im-; in-:** "Not" or "into"
906. **intra-:** Occurring within
907. **inter-:** Between
908. **per-:** Throughout, completely, a large amount
909. **ec-:** Out of
910. **e-; ex-:** Out from, away from, outside
911. **iso-:** A combining form meaning 'equal'
912. **para-:** Similar, beside
913. **Pregnancy (decreases/increases) the body's insulin requirements.:** Increases
914. **Can pregnancy convert a non-diabetic woman into a diabetic?:** Yes
915. **What name is is given to diabetes that is brought on by pregnancy?:** Gestational diabetes
916. **Diabetes with pregnancy is (more/less) common as the woman ages.:** More
917. **What is the #1 cause of infant illness when the mother has diabetes?:** Hypoglycemia
918. **When is infant hypoglycemia most likely to occur during labor and delivery?:** In the hours immediately following delivery
919. **Hormones of pregnancy work against insulin. (T/F):** True
920. **A sign of gestational diabetes is excessive (weight gain/weight loss):** Weight gain
921. **(Obese/very thin) women are most likely to become diabetic during pregnancy.:** Obese
922. **In gestational diabetes the client experiences a (decrease/increase) in thirst:** Increase (polydipsia)
923. **In gestational diabetes the client experiences a (decrease/increase) in urine output.:** Increase (polyuria)
924. **Gestational diabetes is associated with what OB history?:** Previous large baby (over 9 lbs), unexplained stillbirth, miscarriage, congenital anomalies
925. **Women who have gestational diabetes tend to deliver infants who are (small/large).:** Large for gestational age
926. **Gestational diabetics tend to get _____ infections:** Monilial (yeast)
927. **What test confirms the diagnoses of gestational diabetes?:** 3 hour glucose tolerance test
928. **What are the two main treatment methods in gestational diabetes?:** Diet, insulin
929. **How often should a woman visit the doctor prenatally if diabetes is present?:** Twice a month, then once per week in the 3rd trimester
930. **How many pounds per week is the diabetic allowed to gain the 2nd and 3rd trimesters?:** 1 pound a week
931. **Is severe carbohydrate restriction required in gestational diabetics?:** No, it could lead to ketosis
932. **Of protein, fat, and carbohydrates, which ones (percent-wise) increase in the diet of gestational diabetics?:** Protein, fat
933. **When is insulin used in the treatment of gestatinal diabetes?:** When dietary control does not keep the blood sugar within normal limits
934. **If insulin is used, the dose is the same in all 3 trimesters. (T/F):** False, it varies
935. **Oral hypoglycemics should never be used during pregnancy. (T/F):** True, they cause birth defects (teratogenic)
936. **When should a diabetic be delivered?:** Between 37 and 39 weeks
937. **What IV solution is used during labor for the diabetic?:** D5W
938. **The mother's insulin requirements will (fall/rise) markedly after delivery.:** Fall
939. **During pregnancy what complications is most dangerous for the fetus of a diabetic?:** ketosis
940. **If ketosis is a big problem for the baby during pregnancy what the big problem after delivery?:** Hypoglycemia

941. **Why is hypoglycemia such a dangerous problem?:** Brain cells die without glucose, brain damage

942. **(Multi/prima) gravida clients are most likely to get PIH.:** Primagravida

943. **Which age group(s) are most likely to experience PIH?:** Patients under 18 and over 35

944. **When does pre-eclampsia usually begin in pregnancy (week)?:** After 20 weeks

945. **Name the three symptoms of PIH.:** Hypertension, weight gain (edema), proteinuria

946. **If pre-eclampsia is mild will the woman be hospitalized?:** No, just rest at home

947. **What type of diet is indicated for a woman with pre-eclampsia?:** Increased protein/normal salt intake (no restriction typically)

948. **What measurement must the woman with pre-eclampsia make every day?:** She must weigh herself

949. **What is the activity order for a woman with severe pre-eclampsia?:** Left side lying

950. **What is the dietary order for the woman with severe pre-eclampsia?:** Low salt, high protein

951. **Are diuretics used for women with pre-eclampsia?:** Yes

952. **When a woman is hospitalized for severe pre-eclampsia the nurse should test...:** #1 reflexes, the urine for protein

953. **When pre-eclampsia gets worse the deep tendon reflexes will be (hyper/hypo) reflexia.:** Hyper-reflexia

954. **Pre-eclampsia makes the neuromuscular system more or less irritable?:** More

955. **What vision problem do women with pre-eclampsia have?:** Blurred vision

956. **What types of precautions will be in effect for a woman with severe pre-eclampsia?:** Seizure precautions

957. **Name 5 things included in seizure precations.:** Suction machine in room O2 in room
Padded rails up X 4
Must stay on unit
Ambulation with supervision only
No More than 1 pillow

958. **When is pre-eclampsia called eclampsia?:** Once convulsions have occured

959. **In eclamptic client what ominous sign almost always precedes a seizure?:** Severe epigastric pain

960. **What are the three major treatment objectives in eclampsia?:** Decrease blood pressure
Control convulsions
Diuresis

961. **The urine output of the eclamptic client will (decrease/increase).:** Decrease

962. **How would you palpate the uterus to see if the eclamptic woman was having contractions?:** Place the hand flat on the abdomen over the fundus with fingers apart and press lightly

963. **Premature rupture of membranes (PROM) is a _____ break in the amniotic sac _____ the _____ of contractions.:** Spontaneous, before, onset

964. **Usually labor starts within _____hours of rupture membranes.:** 24

965. **What is the danger with PROM?:** Infection

966. **How would you tell if the woman with PROM had an infection?:** Maternal fever
Fetal tachycardia
Foul smelling vaginal discharge

967. **To test amniotic fluid the nurse should check the _____ of the fluid.:** pH

968. **Amniotic fluid is (acidic/alkaline):** Alkaline

969. **Being alkaline means have a (high/low) pH:** High

970. **Amniotic fluid turns nitrazine paper deep _____ (color).:** Blue

971. **When PROM occurs, the age of the fetus must be determined. The best way to assess lung maturity is to check the _____ ratio.:** L/S (lecithin/sphingomyelin)

972. **An L/S ratio greater than _____indicates lung maturity.:** 2.0

973. **If labor does not begin within _____ hours after PROM, labor will likely be induced.:** 24

974. **If PROM occurs before viability, what is the typical management?:** Termination of pregnancy

975. **If PROM occurs after viability but before 36 weeks, what is the typical management?:** Hospitalize, watch for infection, try to gain time for the infant to mature

976. **If there are any signs of infection after PROM, what must occur immediately?:** Delivery of fetus

977. **PROM always occurs in a gush of fluid. (T/F):** False

978. **The woman must avoid sexual intercourse if PROM has occurred. (T/F):** True

979. **What does self-disclosure mean?:** When the nurse tells the patient personal information about self.

980. **Is it always bad for the nurse to self-disclose?:** No, you can self-disclose as long as you do it cautiously and you are 100% sure it is therapeutic.

981. **If the nurse uses self-disclosure it should be _____ and the conversation should be...:** Short, quickly refocused back on the patient

982. **Insight means the ability of the patient to _____his problem.:** Understand

983. **During what phase should the nurse examine his/her own feelings?:** Pre-interaction phase

984. **Flight of ideas is when the patient changes topics of conversation_____.:** Rapidly

985. **The basis for a therapeutic nurse/patient relationship begins with the _____, self_____ and _____ _____.:** Nurse's, awareness, self understanding

986. **What are the steps of the nurse/patient therapeutic relationship?:** Pre-interaction phase
Orientation phase
Working phase
Termination phase

987. **Should the nurse self-disclose if the patient asks the nurse to?:** No, not unless it is specifically therapeutic.

988. **The nurse should introduce information about the end of the nurse/patient relationship during the _____phase.:** Orientation

989. **Termination phase begins in the _____phase.:** Orientation

990. **Pulmonary edema is accumulation of _____in the lung:** Fluid

991. **Pulmonary edema is a common complication of _____disorders.:** Cardiovascular

992. **Pulmonary edema usually results from _____ failure:** Left ventricular

993. **What force causes the pulmonary edema in left ventricular failure?:** Increased hydrostatic pressure in the pulmonary capillaries

994. **Can letting IVs run too fast cause pulmonary edema?:** Yes in the client with poor cardiovascular function

995. **What are the four classic signs of pulmonary edema?** Dyspnea on exertion, paroxysmal nocturnal dyspnea, orthopnea, coughing

996. **What is meant by dyspnea on exertion?:** Shortness of breath when active.

997. **What is meant by paroxysmal nocturnal dyspnea?:** Sudden episodes of difficulty breathing

998. **What is meant by orthopnea?:** Shortness of breath when lying flat

999. **Is heart rate fast or slow in pulmonary edema?:** Fast, tachycardia

1000. **What will the nurse auscultate over the lungs when pulmonary edema occurs?:** Crackles (rales)

1001. **When pulmonary edema is severe what does the sputum look like?:** Bloody and frothy

1002. **What drug is used in pulmonary edema to reduce fluid in the lungs?:** A diuretic (Lasix)

1003. **What drug is used to increase ventilation in clients with pulmonary edema?:** Aminophylline (bronchodilator)

1004. **Is O2 given in pulmonary edema?:** Yes

1005. **Since pulmonary edema is caused by left ventricular failure what drug is given?:** Digitalis

1006. **Why is morphine given to clients with pulmonary edema?** To decrease apprehension and decrease preload, this rests the heart

1007. **If your client suddenly goes into pulmonary edema what would you do first?:** Elevate the HOB, then increase O2, then call the MD

1008. **Pulmonary embolus is an obstruction of the pulmonary _____ bed by a dislodged _____ or foreign substance.:** Capillary, thrombus

1009. **Where do the emboli that cause pulmonary embolus usually come from?:** The legs

1010. **Besides a thrombus what else can cause an embolus in the lung?:** Air, fat, tumor cells

1011. **What treatment modality can lead to pulmonary embolus?:** Bed rest

1012. **What class of drugs can lead to pulmonary embolus?:** Oral contraceptives

1013. **What heart problem can lead to pulmonary embolus?:** Atrial fibrillation (RIGHT atrial fibrillation casues pulmonary embolus; LEFT atrial fibrillation causes cerebral embolus)

1014. **What genetic disorder can lead to pulmonary embolus?:** Sickle cell anemia

1015. **What is the first sign of pulmonary embolus?:** Dyspnea

1016. **The dyspnea of pulmonary embolus is accompanied by ____ _____.:** Pleuritic pain

1017. **Does the heart rate increase or decrease in pulmonary embolus?:** Increase

1018. **With severe pulmonary embolus the client will look as though they are _____.:** In Shock

1019. **What are the two major treatments of pulmonary embolus?:** O2, anticoagulants

1020. **Name the anitcoagulant given for immediate anticoagulation by IV or SQ route.:** Heparin

1021. **A drug for long term anticoagulation in any disorder would be?:** Coumadin

1022. **What two lab tests monitor coumadin therapy?:** Prothrombin time (PT) and the INR

1023. **When coumadin is therapeutic, the INR should be between _____ and _____.:** 2.0 and 3.0

1024. **What is lovenox?:** It is a low-dose Heparin used for anticoagulation in POST-OP THROMBOPHLEBITIS PREVENTION NOT USED FOR PULMONARY EMBOLUS

1025. **Heparin therapy is monitored by daily measurement of the _____.:** PTT (partial thromboplastin time)

1026. **Effective heparin therapy rises the PTT to approximately _____ times normal.:** 2.5

1027. **Clients on heparin should use an electric razor or safety razor?:** Electric razor

1028. **What is the best way to prevent pulmonary embolus in post-operative patients?:** Early ambulation

1029. **Is it appropriate to massage the legs of the client to preven pulmonary embolus?:** No, never

1030. **Heparin is used in the acute phase of pulmonary embolus. What drug is used for 6 months after pulmonary embolus?:** Coumadin

1031. **Coumadin therapy is monitored by what daily test?:** PT (prothrombin time)

1032. **What is pyelonephritis?:** A bacterial infection of the kidneys

1033. **Which organism causes pyelonephritis?:** E. Coli

1034. **Name the symptoms that pyelonephritis and cystitis have in common?:** Frequency, urgency, burning, cloudy, foul smelling urine

1035. **What medical intervention is necessary in pyelonephritis?:** IV antibiotics for one to two weeks, must get urine culture 2 weeks after antibiotic therapy is over

1036. **How does pyelonephritis differ from cystitis in meaning?:** Cystitis means bladder infection; pyelonephritis means an infection of kidney pelvis

1037. **What causes or precedes pyelonephritis?:** Cystitis always does

1038. **Will the client with pyelonephritis have daily weights?:** Yes, as would any client with kidney problem

1039. **Name the five signs/symptoms that pyelonephritis has that cystitis does not have?:** Fever, flank pain, chills, increased WBC, malaise

1040. **What is the BIG danger with pyelonephritis?:** Permanent scarring and kidney damage

1041. **How is pyelonephritis prevented?:** By preventing or treating all cystitis (UTI's)

1042. **Will the client with pyelonephritis have hematuria?:** It is common but not always present

1043. **The patient with pyelonephritis will have (hypertension/hypotention)?:** Hypertension

1044. **Where is the pyloric sphincter?:** At the distal (duodenal) end of the stomach

1045. **What does stenosis mean?:** Narrowed

1046. **What is done to correct pyloric stenosis?:** Surgery (pyloromyotomy)

1047. **In what position should the child with Pyloric Stenosis be during feeding?:** High fowlers

1048. **The feedings for an infant with pyloric stenosis should be thick or thin?:** Thickened

1049. **What test is done to confirm a diagnosis of pyloric stenosis?:** Upper GI series (barium swallow)

1050. **These infants are prone to develop _____ and failure to _____.:** Dehydration, thrive

1051. **Why does the pyloric valve become stenosed in pyloric stenosis?:** It hypertrophies

1052. **In what position should a child with pyloric stenosis be after a feeding?:** Right side with HOB up

1053. **The infant with pyloric stenosis appears _____ even after vomiting.:** Hungry

1054. **What do you see during and after feeding?:** Peristaltic waves from left to right

1055. **Is vomiting projectile or non-projectile in patients with pyloric stenosis? Is the vomiting bile-stained or not bile-stained?:** Projectile, not bile-stained

1056. **What assessment finding is found under the right rib cage?:** An olive sized bulge (the hypertrophied pylorus)

1057. **The symptoms of pyloric stenosis mostly commonly appear at age _____ to _____.:** 4 to 6 weeks

1058. **Describe the typical child with pyloric stenosis.:** Firstborn, full term, white, boys

1059. **For what reason are Montgomery straps used?:** Permit you to remove & replace dressings without using tape (protects the skin)

1060. **Sutures in general are removed by the ___ day.:** 7th

1061. **Leaving a would open to air decease infection by eliminating what 3 environmental conditions?:** Dark, warm, moist

1062. **To remove tape always pull (toward/away) from the wound.:** Toward (this way you don't put pressure/pull on the suture line.)

1063. **Define contusion.:** Bruise (internal)

1064. **Define debridement.:** Removal of necrotic tissue from a wound.

1065. **What is the purpose of a wound drain?:** Remove secretions from the area so healing occurs.

1066. **To prevent germs from getting into or out of a wound you should use what type of dressing?:** An occlusive dressing

1067. **What solution is put onto the skin to protect it from the irritating effects of the tape?:** Tincture of benzoin

1068. **With what is a round closed in first intention?:** Sutures or steri-strips, staples

1069. **What is another name of second intention?:** Granulation

1070. **When swabbing an incision you would start at the incision or 1 Inch away from the incision?:** Start at the incision and move outward.

1071. **After you remove soiled dressings and before you put on the sterile dressing you must....:** Wash your hands and put on sterile gloves

1072. **What is meant be the phrase "advance the drain 1 inch"?:** You pull the drain out 1 inch.

1073. **After advancing a Penrose drain you (should/should not) cut off the excess drain?:** Should

1074. **When a dressing saturated, germs can enter the wound from the outside. (T/F):** True, by a process called capillary action

1075. **When is a bad time to change dressings?:** Mealtime

1076. **Define laceration.:** Cut

1077. **Scoliosis is a _____ curvature of the _____.:** Lateral, spine

1078. **Scoliosis is MOST common in the _____ and _____ sections of the spinal column.:** Thoracic and lumbar

1079. **Scoliosis in the thoracic spine is usually convex to the (left/right).:** Right

1080. **Scoliosis in the lumbar spine is usually convex to the (left/right).:** Left (*Hint: curve Left in Lumbar)

1081. **With which other two spine deformities is scoliosis associated?:** Kyphosis (humpback), Lordosis (swayback)

1082. **What is Kyphosis?:** Humpback in the thoracic area

1083. **What is Lordosis?:** Swayback in the lumbar region (Lumbar, Lordosis)

1084. **What is the difference between structural and functional scoliosis?:** Structural-you are born with; Functional-you get from bad posture

1085. **What age group should be routinely screened for scoliosis?:** Young teens

1086. **What are the 3 subjective complaints of clients with scoliosis?:** Back pain, dyspnea, fatigue

1087. **What test/exam CONFIRMS the diagnosis of scoliosis?:** X-rays of the spine

1088. **What type of brace is most commonly used for scoliosis?:** Milwaukee

1089. **Name 4 exercises used to treat mild scoliosis.:** Heel lifts; sit-ups; hyperextension of the spine; breathing exercises

1090. **What kind of treatment is done for severe scoliosis?:** Surgical fusion with rod insertion

1091. **What type of cast is used post-operatively?:** Risser cast

1092. **What kind of rod is used to "fix" curvature?:** Harrington Rod

1093. **Scoliosis MOST commonly affects _____ _____ (type of clients).:** Teenage females

1094. **How many hours a day should the client wear a Milkwaukee brace?:** 23

1095. **What solution should be used on the skin where the brace rubs?:** Tincture of benzoin or alcohol,no lotions of ointments-you want to toughen the skin not soften it

1096. **Clients with a Milwaukee brace should avoid vigorous exercise. (T/F):** True

1097. **After corrective SURGERY how is the client turned?:** Log rolled (in a body cast)

1098. **How often should the neurovascular status of the extremities of a client in a Risser cast be measured? Fresh post-operatively?:** Every 2 hours

1099. **What is a common complication of a client in a body cast (like a Risser cast)?:** Cast syndrome

1100. **What is cast syndrome?:** Nausea, vomiting and abdominal distention that can result in intestinal obstruction

1101. **What group of people get cast syndrome?:** ANYONE in a body cast

1102. **What is the treatment of for cast syndrome?:** Removal of the cast, NG tube to decompress, NPO

1103. **How would you, the nurse, assess for developing cast syndrome?:** Ask the client if they are experiencing any abdominal symptoms-keep track of bowel movements & passing flatus (if not having BMs or passing flatus, cast syndrome is suspected)

1104. **What causes cast syndrome, specifically in a Risser cast?:** Hyperextension of the spine by a body cast: the hyperextension interrupts the nerve & blood supply to the gut

1105. **The inheritance pattern of sickle-cell anemia is _____ _____.:** Autosomal recessive

1106. **What does heterozygous mean?:** It means you only have 1 defective gene from 1 parent.

1107. **People who are (hetero/homo) have sickle cell trait.:** Heterozygous

1108. **What does homozygous mean?:** It means you have the defective gene from both parents.

1109. **People who are (hetero/homo)zygous have sickle cell disease.:** Homozygous

1110. **People with sickle cell TRAIT only carry the disease, they DO NOT have symptoms. (T/F):** True-usually it has occurred that in times of SEVERE stress, the TRAIT does cause some symptoms but not usually.

1111. **What are the #1 and #2 causes of sickle cell crisis?:** Hypoxia, dehydration

1112. **The most common type of crisis that occurs is a _____-_____ crisis.:** Vaso-occlusive

1113. **In vaso-occlusive crisis the vessels become occluded with _____ _____.:** Abnormal RBC's

1114. **The abnormal hemoglobin produced by people with sickle cell anemia is called Hgb _____.:** Hgb S-it "sickles"

1115. **What shape does Hgb S make the RBC's?:** Crescent-shaped

1116. **Why do the crescent-shaped RBCs cause occlusion of the vessels?:** They clump together and create a sludge.

1117. **What are the top 3 priorities in care of the client with sickle-cell crisis?:** Oxygenation, hydration, and PAIN control

1118. **What activity order will the client with sickle cell CRISIS have?:** Bed rest

1119. **Or Tylenol, Morphine, Demoral, Aspirin which is NEVER given to a sickle-cell patient?:** Aspirin-it can cause acidosis which makes the crisis and sickling worse

1120. **At what age is death most likely in sickle cell anemia?:** Young adulthood

1121. **Sickle-cell anemia symptoms do not appear before the age of ____ months due to the presence of _____ _____.:** 6; fetal hemoglobin

1122. **Sickle cell anemia is most commonly seen in (blacks/whites).:** Blacks

1123. **Should a child in sickle-cell crisis wear tight clothes?:** No, it can occlude vessels even more.

1124. **Spinal cord injuries are more common in males. (T/F):** True

1125. **In what age range is spinal cord injury most common?:** 15 to 25

1126. **The #1 goal in emergency treatment of spinal cord injury is...:** Immobilization of the spine

1127. **When halo traction is being used to immobilize the spinal cord the client is allowed to _____.:** Ambulate

1128. **When the patient with spinal cord injury is in tongs or on a stryker frame or on a circoelectric bed they are on.....:** Absolute bed rest

1129. **The 2 most common surgeries used to treat spinal cord injury are ____ and _____.:** Laminectomy and spinal fusion

1130. **What is spinal shock?:** It is a common occurrence in spinal cord injury in which the spinal cord swells above and below the level in injury

1131. **When does spinal shock occur?:** Immediately or within 2 hours of injury

1132. **How long does spinal shock last?:** 5 days to 3 months

1133. **When the spinal cord injury is at level of _____ to _____ the patient will be a quadriplegic.:** C1 to C8

1134. **When the spinal cord injury is between _____ and _____, there is permanent respiratory paralysis.:** C1 and C4

1135. **Can the patient with spinal cord injury at C7 level have respiratory arrest?:** Yes, because even thought his injury was below C4, spinal shock can lead to loss function above the level, however the will not be permanently ventilator dependent- he will breath on when once spinal shock goes away.

1136. **Spinal cord injury in the thoracic/lumbar regions result in ___plegia.:** Paraplegia

1137. **If airway obstruction occurs at the accident site and you suspect spinal cord injury, what maneuver is used to open the airway?:** Modified jaw thrust

1138. **In spinal cord injury never _____ the neck.:** Move, hyperextend

1139. **How should you change the position of the spinal cord injury patient after he has an order to be up? Why?:** Slowly, because of severe orthostatic hypotension (they use a tilt table)

1140. **For the patient with neurogenic bladder you should straight catheterize every ____ hours.:** Every 6 hours

1141. **The patient with spinal cord injury will have (flaccid/spastic) muscles.:** Spastic

1142. **Name 3 drugs used to treat spasms.:** Valium, Baclofen, Dantrium

1143. **What is automatic dysflexia or hyperreflexia?:** A common complication of quadriplegics in response to a fulle bladder or bowel.

1144. **What are the vital sign changes seen in autonomic dysreflexia?:** Sweating, headache, nausea & vomiting, gooseflesh, and severe HYPERtension

1145. **What do you do first for the client experiencing autonomic dysreflexia?:** Raise HOB

1146. **What do you do secondfor the client experiencing autonomic dysreflexia?:** Check the bladder, check the bowel

1147. **Do you need to call the doctor for autonomic dysreflexia?:** No, only call the doctor if draining the bladder & removing impaction does not work

1148. **What is the #1 treatment for autonomic dysreflexia?:** Drain the bladder, empty the bowel

1149. **What is the purpose of restricting activity after spinal tap?:** To prevent headache due to CSF loss

1150. **Should the client drink after a spinal tap?:** Yes, encourage fluids to replace CSF

1151. **Do you need an informed consent for a spinal tap?:** Yes

1152. **Should CSF contain blood?:** No

1153. **Does the client have to be NPO before a spinal tap?:** No

1154. **What is the normal color of cerebrospinal fluid?:** Clear, colorless

1155. **Into what space is the needle inserted during a spinal tap?:** Subarachnoid space

1156. **Can the client turn side-to-side after a spinal tap?:** Yes

1157. **In what position should the client be during a spinal tap?:** Lateral decubitus (on their side) position and knees to chest

1158. **Identify the activity restriction necessary after lumbar puncture?:** Lie flat for 6 to 12 hours

1159. **What are the 2 purposes of a spinal tap?:** To measure or relieve pressure and obtain a CSF sample

1160. **Does the client have to be sedated before a spinal tap?:** No

1161. **Antibiotic (Define):** A drug that destroys or inhibits growth of micro-organisms

1162. **Asepsis (Define):** Absence of organisms causing disease

1163. **Antiseptic (Define):** A substance used to destroy or inhibit the growth of pathogens but not necessarily their spores (in general safe to use on persons)

1164. **Disinfectant (Define):** A substance used to destroy pathogens but not necessarily their spores (in general not intended for use on persons)

1165. **Bactericide (Define):** Substance capable of destroying micro-organisms but not necessarily their spores

1166. **Bacteriostatic (Define):** Substance that prevents or inhibits the growth of micro-organisms

1167. **Anaerobe (Define):** Micro-organisms that do not require free oxygen to live

1168. **Aerobe (Define):** Micro-organisms requiring free oxygen to live

1169. **Pathogen (Define):** Micro-organism that causes disease

1170. **Clean technique (Define):** Practices that help reduce the number & spread of micro-organisms (synonym for medical asepsis)

1171. **Sterile (Define):** An item on which all micro-organism have been destroyed

1172. **Coagulate (Define):** Process that thickens or congeals a substance

1173. **Host (Define):** An animal or a person upon which or in which micro-organisms live

1174. **Portal of entry (Define):** Part of the body where organisms enter

1175. **Contaminate (Define):** To make something unclean or unsterile

1176. **Surgical asepsis (Define):** Practices that render & keep objects & areas free from all micro-organisms (synonym for sterile techniques)

1177. **Medical asepsis (Define):** Practices that help reduce the number & spread of micro-organisms (synonym for clean techniques)

1178. **Spore (Define):** A cell produced by a micro-organism which develops into active micro-organisms under proper conditions.

1179. **Which hand should hold the suction catheter? Which should hold the connecting tube?:** The dominant, the non-dominant

1180. **The nurse should use (medical/surgical) asepsis during airway suction?:** Surgical asepsis (sterile technique)

1181. **What kind of lubricant should be used on the suction catheter?:** Sterile water-soluble

1182. **Should the suction be continuous or intermittent?:** Intermittent to prevent mucosal damage

1183. **For how long should suction be applied during any one entry of the catheter?:** 10 seconds

1184. **How often should the nurse clear the tubing during suctioning?:** After each pass/entry/removal

1185. **Which way would you turn the client hear to suction the right mainstem bronchus? The left mainstem bronchus?:** To the left, to the right

1186. **The best client position during airway suctioning is _____.:** Semi-fowlers

1187. **The suction should be delivered while (inserting/removing) the catheter.:** While removing the catheter

1188. **What outcomes would indicate that suctioning was effective?:** Clear even lung sounds, normal vital signs

1189. **How often should the client's airway be suctioned?:** When it needs to be, for example moist lung sounds, tachycardia, restlessness (hypoxia), ineffective cough

1190. **The unconscious client should assume what position during suctioning?:** Side-lying, facing nurse

1191. **If not contraindicated, what action by the nursing before suctioning would most likely reduce hypoxia during suctioning?:** Administer a few breaths at 100% oxygen before beginning

1192. **What solution should be used to clear the tubing during suctioning?:** Sterile saline

1193. **With what size catheter should an adult's airway be suctioned?:** 12 to 16 French

1194. **How much suction should be used for an infant?:** Less than 80 mm Hg

1195. **How much suction should be used for a child?:** 80 to 100 mm Hg

1196. **How much suction should be used for an adult?:** 120 to 150 mm Hg

1197. **Do you assess for suicide potential whenever a patient makes any statement about wanting to die or kill self?:** Yes, in fact whenever a patient makes a statement about wishing or wanting to die or kill self you must ALWAYS AND FIRST assess for suicide potential*-stop everything and assess for suicide patient (except CPR, or course)

1198. **Children are at _____ risk for suicide.:** Low

1199. **Adolescents are (low/high) risk for suicide.:** High

1200. **Young adults are (low/high) risk for suicide.:** High to moderate

1201. **People between 25 and 50 years are (low/moderate /high) risk for suicide.:** Low to moderate

1202. **People over 50 year are (low/high) risk for suicide.:** High

1203. **The patient who has a definite plan is (low/high) risk for suicide.:** Moderate to high, depends upon feasibility and ease of plan

1204. **The use of pills makes the patient (low/moderate/high) risk for suicide.:** Moderate

1205. **The patient who has NO definite plan is (low/high) risk for suicide.:** Low

1206. **The use of _____, _____, and _____ to kill self, make high risk suicide.:** Guns, ropes, knives

1207. **Who is at higher risk for suicide, a man or a woman?:** Man

1208. **Of: married, divorced, and separated, which marital status is highest risk for suicide? Lowest risk of suicide?:** Highest-separated then divorced
Lowest-married

1209. **The goal of action while the suicidal patient is still of the phone is to get _____ person _____ the _____.:** Another person on the scene (then immediately decreases risk)
Remember: people who are alone are always high risk

1210. **What are the four classic suicide precautions?:** Search personal belongings for drugs & alcohol, remove any sharp objects, remove any device for hanging or strangling; must be on constant one-to-one observation (NEVER out of sight)

1211. **Once the patient is admitted for attempted suicide should you ever discuss the attempt with them?:** No, you should not focus on the attempt, focus on the present and future.

1212. **-pathy:** Disease, suffering

1213. **-penia:** Lack, deficiency of

1214. **-sect:** To cut

1215. **-plast:** Plastic surgery on a specified part

1216. **-sclerosis:** Hardening of a tissue by: inflammation, deposition of mineral salt; an infiltration of connective tissue fibers

1217. **-centesis:** A perforation or puncture

1218. **-genic:** Produce, originate, become

1219. **-emia:** Blood

1220. **-otomy:** Butting

1221. **-pexy:** Fixation of something

1222. **-atresia:** Condition of occlusion

1223. **-desis:** Binding, fusing

1224. **-cele:** Combining form meaning a tumor or swelling or a cavity

1225. **-cis:** Cut, kill

1226. **-rhapy; -rrhapy:** Joining in a seam, suturation

1227. **-scope; -scopy:** Instrument for observation

1228. **-osis:** Indicates condition, process

1229. **-oma:** Tumor

1230. **-ostomy:** Surgical opening

1231. **-stasis:** Stoppage

1232. **-itis:** Inflammation

1233. **-ology:** Study of; knowledge, science

1234. **-lysis:** Breaking down

1235. **-ectomy:** Surgical removal of

1236. **-tripsy:** Crushing of something by a surgical instrument

1237. **-ase:** Used in naming enzymes

1238. **-gram; -graphy:** Write; record

1239. **Syphilis is sexually transmiteed. (T/F):** True

1240. **Syphilis first infects the _____ _____.:** Mucous membranes

1241. **What are the stages of syphilis?:** Primary, secondary, latent, late

1242. **Syphilis is a fatal disease if untreated. (T/F):** True

1243. **What organism causes syphilis?:** Treponema palladium

1244. **What is the lesion like in primary syphilis?:** The chancre (pronounced shanker)

1245. **The chancres of syphilis are (painful/painless).:** Painless

1246. **Chancres disappear without treatment. (T/F):** True

1247. **Late syphilis attacks which 3 body organs?:** Liver, heart, brain

1248. **What test CONFIRMS the presence of syphilis?:** Dark-field illumination of the treponema palladium

1249. **What is the treatment of choice for syphilis?:** Penicillin

1250. **Why is penicillin administered with Procaine?**
With Probenecid?: Procaine makes the shot less painful; Probenecid blocks the excretion of penicillin

1251. **What is the most common sign of neurosyphillis?:** Ataxia (gait problems)

1252. **Mastitis and breast engorgement are more likely to occur in (primipara/multipara).:** Primipara

1253. **Where does the organism that causes mastitis come from?:** The infant's nose or mouth

1254. **Which organism most commonly causes mastitis?:** Staph

1255. **Prolonged intervals between breast-feeding (decrease/increase) the incidence of mastitis.:** Increase

1256. **Can too tight bras lead to mastitis?:** Yes, preventing emptying of ducts

1257. **Mastitis usually occurs at least _____days after delivery.:** 10

1258. **When mastitis is present the breasts are _____, _____, and _____.:** Hard, swollen, warm

1259. **Mastitis is accompanied by a fever over _____.:** 102 degrees

1260. **If mastitis is caused by an organism, what causes breast engorgement?:** Temporary increase in vascular and lymph supply to the breast in preparation for milk production

1261. **If mastitis occurs 1+ weeks after delivery, when does breast engorgement occur?:** 2 to 5 days after delivery

1262. **Does breast engorgement interfere with nursing?:** Yes, the infant has a difficult time latching on (getting nipple in its mouth)

1263. **What class of drugs is used to treat mastitis?:** Antibiotics

1264. **Antibiotics are used to treat breast engorgment? (T/F):** False

1265. **Application of (warm H2O compress/ice packs) is the preferred treatment for breast engorgement.:** Ice packs to decrease swelling

1266. **The mother with mastitis should stop breast feeding. (T/F):** False, the mother must keep breast feeding. (Offer unaffected breast first)

1267. **If the mother has an open abscess on her breast, must not breast-feed. (T/F):** True

1268. **For breast engorgement, the non-breastfeeding mother should be told to express breast milk. (T/F):** No, that would increase milk production and would make the problem worse (warm compresses or warm shower to let milk "leak" is okay- Ice is best)

1269. **What is the best treatment for breast engorgement?:** Breast-feeding - it will balance supply and demand

1270. **What is mastoiditis?:** Inflammation/infection of the mastoid process

1271. **What is the most common cause of mastoiditis?:** Chronic otitis media

1272. **What are 4 signs and symptoms of mastoiditis?:** Drainage from ear, high fever, headache and ear pain, tenderness over mastoid process

1273. **What unusual post-operative complication can result from mastoidectomy?:** Facial nerve paralysis due to accidental damage during surgery (law suit time!)

1274. **What should you do to assess for facial nerve paralysis post-mastoidectomy?:** Have the patient smile and wrinkle forehead.

1275. **What is the medical treatment for mastoiditis?:** Systemic antibitoics

1276. **What is the surgery for mastoiditis called?:** Simple or radical mastoidectomy

1277. **Will a simple mastoidectomy worsen hearing?:** No, a radical mastoidectomy may

1278. **Should the nurse change the post-mastoidectomy dressing?:** No, reinforce it. Physician changes first post op dressing

1279. **What is a common side effect of mastoidectomy?:** Dizziness (vertigo)

1280. **What is a major nursing diagnosis post-mastoidectomy?:** Safety

1281. **In the chain of infection, hand washing breaks the mode of _____.:** Transmission

1282. **The best way to decrease nosocomial infection is sterile technique. (T/F):** False, hand washing is the best way.

1283. **Sterile gloved hands must always be kept above the waist. (T/F):** True

1284. **When putting on the second of a set of sterile gloves, you should grasp the cuff. (T/F):** False, reach under the cuff with the tip of the gloved fingers.

1285. **When putting on the first glove of a set of sterile gloves, you should grasp the cuff. (T/F):** True

1286. **When putting on the second glove of a set of sterile gloves, you must not use the thumb of the first hand. (T/F):** True

1287. **Airborne microorganisms travel on _____ or _____particles.:** Dust or water

1288. **Another name for medical asepsis is...:** Clean technique

1289. **Sensitivity (susceptibility) means...:** The susceptibility of an organism to the bacterial action of a particular agent

1290. **When unwrapping a sterile pack how should you unfold the top point?:** Away from you

1291. **Virulence means....:** Ability of an organism to produce disease

1292. **Another name for surgical asepsis is...:** Sterile technique

1293. **What is the best location in a client's room to set up a sterile field?:** On the over-bed table

1294. **Medical aseptic technique are aimed at reducing the number of organisms (T/F):** True, doesn't eliminate all of it just decreases the number

1295. **What does bacteriostatic mean?:** Having the capability to stop growth of the bacteria

1296. **What does bacteriocidal mean?:** Having the capability to kill bacteria.

1297. **What does nosocomial infection mean?:** Infection acquired through contact with contamination in the hospital

1298. **When pouring liquid onto a sterile field you should pour from a height of _____ to _____ inches above sterile field.:** 6 to 8

1299. **When you plan to use gloves for a procedure you do not need to wash hands before it. (T/F):** False, always wash even if you plan to use gloves

1300. **Culture means....:** Growing colony of organisms, usually for the purpose of identifying them

1301. **Surgical aseptic techniques render and keep articles free from all organisms. (T/F):** True

1302. **You must never turn your back to a sterile field. (T/F):** True

1303. **What must you do if you reach across a sterile field?:** Consider the area contaminated and not use the articles in the area

1304. **Micro-organisms grow best in a _____, _____, _____place.:** Warm, dark, moist

1305. **It is common practice to regard the edges of any sterile field as contaminated. (T/F):** True, the outer 1 inch is considered contaminated. You must not touch it with your sterile gloves.

1306. **Immediately after opening a bottle of sterile water, can you pour it directly into a sterile basin?:** No, you must pour a few cc's out of the bottle into a waste container before you pour into the sterile basin. (This is called "lipping" the bottle)

1307. **Which is the best method for identifying clients accurately?:** By ID name-band

1308. **An emulsion is a mixture of _____ and _____:** Oil and H2O

1309. **Syrups and elixirs are of particular concern to diabetic clients because....:** they contain sugars

1310. **Oral medications have a (faster/slower) onset of action that IM drugs.:** Slower

1311. **Oral medications have a (shorter/longer) duration of action than IM medications.:** Longer

1312. **How should drugs that stain teeth be administered?:** By a straw

1313. **A drug given by a parenteral route acts outside the GI tract. (T/F):** True

1314. **Name the four most common parenteral routes of administrations.:** SQ, IM, IV, ID (intradermal)

1315. **When blood is administered by IV, the needle/catheter should be _____gauge.:** 18 gauge

1316. **You can administer up to ____ cc of a drug per site by IM injection in adults.:** 3 cc

1317. **Children should receive no more than _____ cc per site by IM injection.:** 2 cc

1318. **The preferred IM injection site for children under 3 is the _____ _____.:** Vastus lateralis

1319. **Why is the dorsogluteal site not recommended for IM injection the children less than 3 years of age?:** Because the muscle is not well developed yet.

1320. **Can 3 cc of fluid be administered per IM into the deltoid of an adult?:** No, maximum of 1 cc

1321. **The #1 danger when using the dorsogluteal site for IM injection is_____.:** Damage to the sciatic nerve

1322. **The preferred angle of injection to to be used for IM administration is_____.:** 90 degrees

1323. **The preferred length of needle to administer an IM injection is...:** 1 to 2 inch

1324. **The preferred gauge of needle for IM injection is..:** 21 to 22 gauge

1325. **Which type of medications are given by Z-track injection?:** Irritating, staining

1326. **How long is the needle kept inserted during Z-track injection?:** 10 seconds

1327. **What must be done to the equipment before injecting by Z-track method?:** Change the needle

1328. **When giving a Z-track injection, the overlying skin is pulled (up/down/medially/laterally).:** Laterally

1329. **Subcutaneous injection must be given at 45 degrees. (T/F):** True (for boards), false- whatever angle gets it SQ without going IM

1330. **The preferred gauge of needle for injection for SQ injection_____.:** 25 gauge

1331. **The preferred length of needle for SQ injection is_____.:** 5/8 inch

1332. **The intradermal route is primarily used for _____ _____.:** Skin testing

1333. **Name the two sites used for intradermal injection.:** Inner forearm
Upper back

1334. **In general, the nurse should wear gloves when applying skin preparations such as lotions. (T/F):** True

1335. **After using nose drops, the client should remain _____ for _____ minutes.:** Supine, 5

1336. **Strict aseptic techniques is required when administering a vaginal medication. (T/F):** False-- only "clean" technique or medical asepsis is necessary

1337. **Before administering vaginal medications the client is more comfortable if you ask them to _____ .:** Void

1338. **After administration of a vaginal durg the client should remain _____ for_____ minutes.:** Supine, 10

1339. **Rectal suppositories with an oil base should be kept refrigerated. (T/F):** True

1340. **Strict sterile technique is required when administering a drug per rectum. (T/F):** False, clean or medical asepsis

1341. **The best way to ensure effectiveness of a rectal suppository is to...:** Push the suppository against the wall of the rectum

1342. **A rectal suppository is inserted _____ inches in an adult and _____ inches in a child.:** 4,2

1343. **The client should remain supine for 5 minutes after having received a rectal suppository. (T/F):** False-- they should be lying on their side for 5 minutes, not supine

1344. **A suppository given rectally must be lubricated with a water soluble lubricant. (T/F):** True, lubricant fingers also

1345. **Eye medications can be given directly over the cornea. (T/F):** False, into the conjunctival sac, never the cornea; hold the dropper 1/2 inch above the sac

1346. **Eye drops should be placed directly into the _____ _____.:** Conjunctival sac

1347. **To prevent eye medications from getting into the systemic circulation you apply pressure to the _____ for _____ seconds.:** Nasolacrimal sac, 10 (press between the inner canthus and the bridge of the nose)

1348. **The eye should be irrigated so that the solution flows from outer to inner canthus. (T/F):** False, it must flow from inner canthus to outer (alphabetical: I to O)

1349. **If ear medications are not given at room temperature the client may experience...:** Dizziness, nausea

1350. **To straighten the ear canal in the ADULT, the nurse should pull the pinna_____ and _____.:** Up and back

1351. **To straighten the ear canal in the young CHILD under 3 the pinna should be pulled _____ and _____.:** Down and back

1352. **After receiving ear drops the client should remain in _____position for _____minutes.:** Side lying, 5

1353. **How far above the ear canal should you hold the dropper while administering ear drops?:** 1/2 inch

1354. **Liquid doses of medications should be prepared at _____level.:** Eye

1355. **Liquid drugs should be poured out of the side (opposite of/the same as) the label.:** Opposite

1356. **It is safe practice to administer drugs prepared by another nurse. (T/F):** False

1357. **In order to leave drugs at the bedside you must have a physician's order. (T/F):** True

1358. **Young infants accept medication best when given with a _____.:** Dropper

1359. **It is safe practice to recap needles after injection. (T/F):** False, Never re-cap

1360. **What do you do if you get blood in the syringe upon aspiration?:** Remove the syringe immediately and apply pressure; you must discard the syringe and redraw medication in a new syringe

1361. **Tagamet:** Give with meals, remember Zantac does not have to be given with meals

1362. **Capoten:** Give on empty stomach, one hour before meals (antihypertensive)

1363. **Apresoline:** Given with meals (antihypertensive)

1364. **Iron with nausea:** Give with meals

1365. **Sulfonamides:** Take with LOTS OF WATER regardless of whether you give it at mealtime or not -- Bactrim, Septra, Gantricin, ie, used to treat UTI

1366. **Codeine:** Take with lots of water rergardless of meals -- to prevent constipation

1367. **Antacids:** Give on empty stomach I hour ac and hs

1368. **Ipecac:** Give with 200-300 cc water-- not related to mealtime -- this is an emetic (to make you vomit after ingestion of poisons -- don't give if the poisons were caustic, or petroleum based)

1369. **Rifampin:** Give on empty stomach (anti-tuberculosis) remember Rifampin causes red urine

1370. **Non-steroidal anti-inflammatory drugs:** Give with food (for arthrosis)

1371. **Aldactone:** Give with meals (K--sparing diuretic)

1372. **Iron (without nausea):** Give on empty stomach with orange juice to increase absorption

1373. **Penicillin:** Give on empty stomach

1374. **Erythromycin:** Give on empty stomach (antibiotics)

1375. **Stool Softeners:** Take with lots of water regardless of mealtim

1376. **Griseofulvin:** Give with meals-- especially high fat meals (anti-fungal)

1377. **Tetracycline:** Do not give with milk products, do not give to pregnant women or children before age 8 or damage to tooth enamel occurs

1378. **Theophylline derivative:** Give with meals, ie, Aminophylline, Theodur (anti-asthmatic bronchodilator)

1379. **Steroids:** Give with meals-- remember taper the patient off these drugs slowly

1380. **Pancreas pancreatin isozyme:** Give with meals-these are oral enzymes used with children with cystic fibrosis to increase the absorption of the food they eat

1381. **Para-amino salicylate sodium (PAS):** Give with meals/food-- anti tuberculosis

1382. **Colchicine:** Give with meals -- anti gout, remember if diarrhea develops, stop the drug

1383. **Thorazine:** Take with LOTS OF WATER regardless of meals to prevent constipation.

All drugs that end in "-zine" are major tranquilizers that also cause Psuedo Parkinson's or extra-pyramidal effects.

1384. **Carafate and sulcrafate:** Give on empty stomach 1 hour before meals and at bedtime -- remember these coat the GI tract and interfere with the absorption of other medications (give them by themselves)

1385. **Allopurinol:** Give with meals and give with lots of water--anti uric acid--- used to treat gout and the purine build up seen in chemotherapy for cancer

1386. **Define Meniere's Disease:** An increase in endolymph in the inner ear, causing severe vertigo.

1387. **What is the famous triad of symptoms in Meniere's?:** Paroxysmal whirling vertigo -- sensorineural hearing loss--tinnitus (ringing in the ears)

1388. **Does Meniere's occur more in men or women?:** Women

1389. **What should the client do if they get an attack?:** Bed Rest

1390. **What safety measures should be followed with Meniere's?:** Side rails up x 4, ambulate only with assistance

1391. **What age group in Meniere's highest in?:** 40 to 60

1392. **What can PREVENT the attacks of Meniere's?:** Avoid sudden movements

1393. **What electrolyte is given to people with Meniere's?:** Ammonium chloride

1394. **What is the surgery done for Meniere's?:** Labyrinthectomy

1395. **What disease often follows labyrinthectomy?:** Bell's palsy--facial paralysis, will go away in a few months

1396. **What is the activity order after labyrinthectomy?:** Bed rest

1397. **When surgery is performed for Meniere's, what are the consequences?:** Hearing is totally lost in the surgical ear

1398. **What should the client avoid after labyrinectomy?:** Sudden movements and increased Na food

1399. **What type of diet is the client with Meniere's on?:** Low salt

1400. **What two classes of drugs are given in Meniere's?:** Antihistamines and diuretics (Diamox)

1401. **Meningitis is an inflammation of the _____ of the _____ and spinal _____.:** Linings, brain , cord

1402. **Meningitis can be caused by _____, _____, and _____:** Viruses, bacteria, chemicals

1403. **The four most common organisms that cause meningitis are...:** Pneumococcus
Meningococcus
Streptococcus
H. influenza

1404. **The child with meningitis is most likely to be (lethargic/irritable) at first.:** Irritable

1405. **What visual symptom will the patient with meningitis have?:** Photophobia (over-sensitivity to light)

1406. **What is the most common musculo-skeletal symptom of meningitis?:** Stiff neck- nuchal rigidity

1407. **Will the patient with meningitis have a headache?:** Yes

1408. **Kernig's sign is positive when there is pain in the _____ when attempting to straighten the leg with ____ flexed.:** Knee; hip

1409. **What type of vomiting is present in meningitis?:** Projectile

1410. **What is the definitive diagnostic test for meningitis?:** Lumbar puncture with culture of CSF (cerebro-spinal fluid)

1411. **If the patient has meningitis, the CSF shows _____ pressure, _____ WBC, _____ protein, _____ glucose.:** Increased, increased, increased, decreased

1412. **On what type of isolation will the patient with meningitis be?:** Contact and respiratory precautions

1413. **How long will the patient with meningitis be on these precautions?:** Until they have been on an antibiotic for 48 hours

1414. **The room of a patient with meningitis should be _____ and _____.:** Dark and quiet

1415. **The client with meningitis can develop_____.:** Seizures

1416. **What is opisthotonos?:** Arching of back (entire body) from hyperextension of the neck and ankles, due to severe meningeal irritation.

1417. **If a patient has opisthotonos, in what position would you place them?:** Side-lying

1418. **Average duration of menstrual flow is _____. The normal range is _____ to _____ days.:** 5 days, 3 to 6

1419. **Average blood loss during menstruation is _____cc.:** 50 to 60 cc

1420. **Name the two phases of ovarian cycle.:** Follicular phase (first 14 days)
Luteal phase (second 14 days)

1421. **In the menstrual cycle, day 1 is the day on which...:** Menstrual discharge begins

1422. **How long does an ovarian cycle last?:** Average of 28 days

1423. **How many days after ovulation does menstruation begin?:** 14 days

1424. **What hormones are active during follicular phase?:** FSH and Estrogen

1425. **During the luteal phase of the ovarian cycle, which of the following hormones increase: estrogen, progesterone or LH?:** Progesterone and LH

1426. **What is the major function of the luteal phase of the ovarian cycle?:** To develop and maintain the corpus luteum which produces progesterone to maintain pregnancy until placenta is established.

1427. **If an ovum is fertilized during the luteal phase what hormone will be secreted?:** HCG (human chorionic gonadotropin)

1428. **During menstruation, the average daily loss of iron is _____ mg.:** 0.5 to 1.0 mg

1429. **What occurs during the follicular phase of the ovarian cycle?:** It accomplishes maturation of the graafian follicle which results in ovulation

1430. **What type of environmental modification is best for a migraine?:** Dark and quiet environment

1431. **The long term treatment of migraine focuses upon..:** Assessing things that bring on stress and then planning to avoid them.

1432. **What type of pain is typical of migraines?:** Throbbing

1433. **Are migraines more or less common in men?:** Less

1434. **Besides pain, people with migraines complain of what other symptoms?:** Nausea, vomiting and visual disturbances

1435. **What are the processes occurring in migraines?:** Reflex constriction then dilation of cerebral arteries.

1436. **Where is the pain of migraine most likely located?:** Temporal, supraorbital

1437. **Name a drug given to treat migraine?:** Sansert (methsergide), Cafergot

(Prophylaxis: Imipramine)

1438. **Are migraine headaches usually unilateral or bilateral?:** Unilateral

1439. **When Inderal is given in migraine headache, it is used to prevent or treat an attack?:** To prevent. It DOES NOT treat.

1440. **MS is a progressive _____ disease of the CNS.:** Demyelinating

1441. **Myelin promotes _____, _____ _____ of nerve impulses:** Fast, smooth conduction

1442. **MS affects men more than women. (T/F):** False

1443. **What age group usually gets MS?:** 20 to 40

1444. **MS usually occurs in (hot/cool) climates .:** Cool

1445. **What is the first sign of MS?:** Blurred or double vision

1446. **MS can lead to urinary incontinence. (T/F):** True

1447. **MS can lead to impotence in males. (T/F):** True

1448. **Patients with MS should be taught to walk with a ____-____ gait.:** Wide based

1449. **Why are Adrenocorticotropic Hormone (ACTH) and prednisone given during acute MS?:** To decrease edema in the demyelination process

1450. **For acute exacerbations of MS _____ per IV is often used.:** ACTH (Corticotropin)

1451. **What drug can be given to treat urinary retention in MS?:** Urecholine, Bethanocol

1452. **Will the muscles of MS clients be spastic or flaccid?** Spastic

1453. **What three drugs can be given for muscle spasms?** Valium, Baclofen (Lioresal), Dantrium

1454. **Baclofen causes (constipation/diarrhea):** Constipation

1455. **Dantrium causes (constipation/diarrhea):** Diarrhea (hint: D's go together, Dantrium and Diarrhea)

1456. **Patient's with MS should have (increased/restricted) fluids.:** Increased to dilute urine and reduce incidence of UTI.

1457. **The diet of a patient with MS should be ____--ash:** Acid

1458. **What major sense is affected most in MS (besides vision)?:** Tactile (touch)-- they burn themselves easily

1459. **Which will bring on a MS exacerbation: over-heating or chilling?:** Both will; but they tend to do better in cool weather (summer will always be a bad time for MS patients)

1460. **In Myasthenia Gravis (MG) there is a disturbance in transmission of impulses at the _____ _____.:** Neuromuscular junction

1461. **The #1 sign of MG is _____ _____ _____:** Severe muscle weakness

1462. **What is the unique adjective given to describe the early signs of MG?:** The early signs (difficulty swallowing, visual problems) are referred to a BULBAR signs.

1463. **MG affects men more than women. (T/F):** False, affects women more than men

1464. **When women get MG they are usually old or young?:** Young

1465. **When men get MG they are usually old or young?:** Old

1466. **What neurotransmitter is problematic in MG?:** Acetylcholine

1467. **What class of drugs is used to treat MG?:** Anticholinesterases

1468. **What ending do anticholinesterases have?:** -stigmine

1469. **Are anticholinesterases sympathetic or parasympathetic?:** Parasympathetic

1470. **Anticholestinesterases will have (sympathetic/cholinergic) side effects.:** Cholinergic (they will mimic the parasympathetic nervous system)

1471. **What surgery CAN be done for MG?:** Thymectomy (removal of thymus)

1472. **The severe muscle weakness of MG gets better with exercise. (T/F):** False, it is worse with activity

1473. **What will the facial appearance of a patient with MG look like?:** Mast-like with a snarling smile (called a myasthenic smile)

1474. **If a patient has MG, what will be the results of the Tensilon Test?:** The patient will show a dramatic sudden increase in muscle strength

1475. **Besides the Tensilon Test, what other diagnostic tests confirm a diagnosis of MG?:** Electromylogram (EMG)

1476. **What is the most important thing to remember about giving Mestinon and other anticholestinerases?:** They must be given EXACTLY ON TIME; at home, they might need to set their alarm

1477. **Do you give anticholestinerases with or without food?:** With food, about 1/2 hour ac; giving ac helps strengthen muscles of swallowing

1478. **What type of diet should the patient with MG be on?** Soft

1479. **What equipment should be at the bedside of an MG patient?:** Suction apparatus (for meals), tracheostomy/endotube (for ventilation)

1480. **Name the two types of crises that a MG patient can have:** Cholinergic (too much Mestinon)
Myasthenic (not enough Mestinon)

1481. **The #1 danger in both Myasthenic and Cholinergic crisis is _____ _____.:** Respiratory arrest

1482. **What words will the client use to describe the pain of an MI?:** Crushing, heavy, squeezing, radiating to left arm, neck , jaw, shoulder

1483. **What is an MI?:** Either a clot, spasm or plaque that blocks the coronary arteries causing loss of blood supply to the heart and myocardial cell death

1484. **What is the #1 symptom of an MI?:** Severe chest pain unrelieved by rest and nitroglycerine

1485. **Males are more likely to get an MI than females. (T/F)** True

1486. **Due to MI occurs within _____ of symptom onset in 50% of all patients.:** One hour

1487. **What pain medication is given for the pain of a MI (Give three).:** Morphine, Demerol, Nitroglycerine

1488. **What is the reason for giving post MI patients ASA?:** To prevent platelets from forming clots in the coronary arteries

1489. **Name a new drug with anti-platelet activity.:** Plavix

1490. **The three most common complications after MI are ____ _____,_____, and _____.:** Cardiogenic shock, arrhythmia, CHF

1491. **Give another name for an MI.:** Heart attack

1492. **What will the activity order be for the post-MI client?:** Bed rest with bedside commode

1493. **What is the most common arrhythmia after a MI?:** Premature ventricular contractions (PVCs)

1494. **What cardiac enzymes indicate an MI?:** Elevated CPK, LDH, SGOT

1495. **What serum protein rises soonest after myocardial cell injury?:** Troponin

1496. **Do people without cell damage have troponin in their blood?:** No it is only present when myocardial cells are damaged.

1497. **How soon after cell damage does troponin increase?:** As soon as 3 hours (can remain elevated for 7 days)

1498. **When will the client with an MI be allowed to engage in sexual intercourse after an MI?:** 6 weeks after discharge

1499. **Will fluid resuscitation (administering large amounts of IV fluid) treat cardiogenic shock?:** No, you must use cardiac drugs (giving IVs and blood will not help this kind of shock)

1500. **Will the client with a MI be nauseated?...diaphoretic?:** yes, yes

1501. **What will the extremities of the client with a MI feel like?** Cold, clammy

1502. **What is the permanent EKG change seen post MI?:** ST wave changes

1503. **Of CPK and LDH which rises earliest?:** CPK

1504. **What drug will be used to treat PVCs of MI?:** Lidocaine

1505. **Will the client with a MI need 100% O2 for their entire stay in the hospital?:** No, just moderate flow (42% or 3 to 6 liters for first 48 hours)

1506. **What information does the measurement of skin fold thickness yield?:** The amount of body fat

1507. **In general, males have a higher risk of heart disease than females. (T/F):** True

1508. **Post-menopausal females have a lower risk of heart disease than males aged 25-40. (T/F):** False. They have a higher risk.

1509. **Family history of diabetes increases the risk fo heart disease. (T/F):** True

1510. **Family history of liver disease increases the risk of heart disease. (T/F):** False

1511. **Cigarette smoking increases the risk of heart disease. (T/F):** True

1512. **Oral contraceptives decrease the risk of heart disease. (T/F):** False, use increases the risk

1513. **Routine exercise decreases the risk of heart disease. (T/F):** True

1514. **What is done in a graft for hemodialysis?:** A blood vessel is sutured between an artery and a vein.

1515. **What is done in an AV fistual?:** A surgical anastomosis is made between the artery and a vein.

1516. **Does anything exit the skin in an AV fistula?:** No

1517. **How long can an AV fistula be used?:** Indefinitely

1518. **Who is the most likely to receive a graft for dialysis?:** People with diabetes mellitus.

1519. **How often do clients with renal failure undergo dialysis?:** 3 times per week

1520. **Is hemodialysis short term or long term?:** Both- but most short term dialysis is achieved by hemodialysis

1521. **How long does the average dialysis last?:** 4 to 6 hours

1522. **What are 3 ways to gain access to the circulation in hemodialysis?:** AV shunt
AV fistula
AV graft

1523. **What is the most common site for an AV shunt?:** Radial artery to radial vein

1524. **What should be avoided in the arm of the client with an AV shunt?:** No venipuncture or blood pressure allowed in the arm with a shunt, graft or fistula.

1525. **What syndrome results when too much fluid is exchanged during hemodialysis too quickly?:** Disequilibrium syndrome

1526. **What are the symptoms of disequilibrium syndrome?:** Change in LOC
N/V
Headache
Twitching

1527. **Does anything exit the skin in an AV shunt?:** Yes, the plastic tube that connects the artery and vein outside the arm

1528. **How long can AV shunt be used?:** Just for a few weeks

1529. **Hemophilia is a _____ disorder.:** Bleeding

1530. **Hemophilia A is a deficiency of Factor # _____.:** VIII

1531. **During an acute bleeding episode, you should apply_____ for 15 minutes and apply_____.:** Pressure, ice

1532. **The inheritance patterns for hemophilia is:** Sex linked recessive

1533. **In hemophilia, the PTT is (up/down), the coagulation or clotting time is (up/down) and the platelet count is (up/down).:** Up (increased or longer)
Up (increased or longer)
Neither (hemophilia does not affect platelets)

1534. **What does hemarthrosis mean?:** Bleeding into the joints

1535. **During bleeding into the joints you should (mobilize/immobilize) the extremity.:** Immobilize to prevent dislodging the clots that do form.

1536. **To treat hemarthrosis you should _____ the extremity above the _____.:** Elevate, heart

1537. **What is the name of frozen factor VIII given to hemophiliacs?:** Cryoprecipitate

1538. **Once you have stopped the bleeding into the joint, how long should the hemarthrosis patient wait before bearing weight or doing range of motion?:** 48 hours

1539. **What drug can you apply topically to stop bleeding?:** Epinephrine, or topical fibrin foam

1540. **Which of these symptoms are NOT seen in hemophilia? Prolonged bleeding, petechiae, ecchymosis or hematoma?:** Petechiae

1541. **Hepatitis is an _____, _____ disease of the _____.:** Acute, inflammatory, liver

1542. **Hepatitis A,B,C and D are all (bacterial/viral) diseases.:** Viral

1543. **An early sign of hepatitis A is _____.:** Anorexia or fatigue

1544. **Early stage hepatitis often looks like the _____:** Flu

1545. **In later stages of hepatitis, the _____ turns dark.:** Urine

1546. **What does pre-icteric mean?:** The stage BEFORE the patient exhibits jaundice.

1547. **What is the icteric stage?:** When the patient exhibits jaundice.

1548. **What skin symptoms do you see in hepatitis? (Give 2):** Pruritis (itching)
Jaundice (Both are due to bilirubin accumulation)

1549. **Which disease has more severe symptoms-- Hepatitis A or B?:** Hepatitis B

1550. **Patients with hepatitis have an aversion to _____:** Cigarettes

1551. **In hepatitis the _____ are light colored.:** Stools: remember the urine is dark and stools are light. (Bilirubin ends up in the skin and urine instead of the stool where it should have gone.)

1552. **What is the common name for Herpes Zoster?:** Shingles

1553. **What type of rash occurs with shingles?:** A vesicular rash over the pathway of a sensory nerve

1554. **How long does it take for shingles to heal?:** 30 days

1555. **Who is the most common subjective symptoms of shingles?:** Pain, pain, Pain

1556. **What three drugs are given for shingles?:** Acyclovir (anti-infective)
Tegretol (anticonvulsant--given to stabilize nerve cell membranes) Steroids (anti-inflammatory)

1557. **What other disease is related to shingles?:** chickenpox

1558. **What organism causes shingles?:** Varicella--herpes zoster

1559. **What is the #1 nursing diagnosis with shingles?:** Alteration in comfort: pain, #2 Impaired skin integrity

1560. **Hepatitis A:** Enteric precautions
Fecal/oral route of transmission
Incubates 3 to 5 weeks
Vaccine available (Can give immune globulin after exposure)
HAsAg (this is what the blood test show) Hepatitis A surface Antigen

1561. **Hepatitis B:** Watch those needles
HBsAg (this is what blood tests show) Hepatitis B surface antigen
HBIG - vaccine
Vaccination available, can give immune globulin after exposure
Transmitted by blood and body fluids
Incubates 5 to 35 weks

1562. **Hepatitis C:** Watch those needles
Incubates 2 to 23 weeks
Transmitted by blood only
No vaccine, immune globulin doesn't work

1563. **Which types of client should have their toenails trimmed only by an MD?:** Diabetics, peripheral vascular disease, very thick nails

1564. **Two purposes of bed bath are..:** Cleanses the skin
Provides comfort

1565. **The typical hospital client (should/should not) wear their dentures.:** Should

1566. **What type of movement should be used for cleansing eyes?:** Inner to outer canthus

1567. **Before applying elastic hose the nurse should..:** Elevate the clients legs for 3 to 5 minutes to decrease venous stasis

1568. **Clients on what class of drugs should use an elastic razor?:** Anticoagulants (heparin/coumadin/lovenox)

1569. **When a client is unable to hold his dentures firmly in his mouth, the nurse should...:** Leave them out

1570. **How often should mouth care be performed for those clients on oxygen?:** Every 2 hours

1571. **Should lemon and glycerine swabs be used to cleanse the mouth?:** No, they are not cleansing agents. They are used AFTER cleansing as a moistening agent

1572. **How should a client's toenails be trimmed?:** Straight across

1573. **Are nurses permitted to give perineal care to clients of the opposite sex?:** Yes, nurses are permitted to give perineal care to clients of the opposite sex.

1574. **Clients on what type of therapy must use a safety blade razor (non electric)?:** Oxygen therapy, since an electric razor could cause sparks

1575. **How should a nurse carry soiled linen?:** In a neat bundle held away from the body.

1576. **When giving a bed bath, on which body party should the nurse begin to work?:** The eyes

1577. **Give three reasons for giving a back rub.:** Comfort
Stimulate circulation and muscles
Relaxation

1578. **The greatest danger in placing water in the mouth of the unconscious patient during oral hygiene is...:** Aspiration

1579. **When shaving a client, water used should be more (hot/cold) than bath water?:** Hot

1580. **What does evening or hour of sleep (HS) care consist of?:**
Oral hygiene
Washing face/hands
Back rub
Tightening linens

1581. **What is dentifrice?:** Agents which promote adherence of dentures to gums, ie, Polygrip

1582. **What is sordes?:** Crusts on the tongue and gums due to improper oral hygiene

1583. **What action will facilitate the trimming of brittle toenails?:** Soaking in warm water

1584. **Should the client roll the elastic stocking down to wash legs? Why or why not?:** No, it can cause a constricting band around the ankle/foot.

1585. **Elastic stockings should be removed for the bath. (T/F):** True

1586. **When should a patient put on TED hose?:** Before getting out of bed (before the swelling occurs).

1587. **Hyperemesis Gravidarum is _____ and _____ vomiting that persists into the _____ trimester.:** Severe and prolonged; 2nd trimester (normal vomiting should be gone before 2nd trimester)

1588. **Give three possible causes of hyperemesis gravidarum.:**
Pancreatitis
Multiple pregnancies
Hydatidiform mole

1589. **Has hyperemesis gravidarum ever been associated with mixed feelings about pregnancy?:** Yes, increased incidence of it in women who are ambivalent about pregnancy

1590. **What are the two most common complications of hyperemesis gravidarum?:** Electrolyte imbalance (dehydration)
Starvation

1591. **What is the initial diet order for clients with hyperemesis gravidarum?:** NPO

1592. **Why are doctors cautious in using antiemetics to treat hyperemesis gravidarum?:** They don't want to harm the fetus

1593. **What are the instructions given to clients recovering from hyperemesis gravidarum in relation to mealtime?:** Remain seated upright for 45 minutes after each meal

1594. **What is the biggest challenge in nursing care of the client with hyperemesis gravidarum?:** Getting them to eat

1595. **Hypertension is an _____ or sustained elevation in the (systolic/diastolic) _____.:** Intermittent, diastolic blood pressure

1596. **Hypertension is often fatal if untreated. (T/F):** True

1597. **Hypertension is more common in blacks or whites?:** Blacks

1598. **Aging decreases the risk of hypertension. (T/F):** False, it increases the risk

1599. **Obesity increases the risk of hypertension. (T/F):** True

1600. **Oral contraceptives (increase/decrease/do not effect) the blood pressure.:** Increase

1601. **What four organs does hypertension affect the most?:**
Brain (stroke)
Eyes (blindness)
Heart (MI)
Kidney (renal failure)

1602. **How many measurements must be made before you can say a person has hypertension?:** At least three

1603. **What blood pressure is considered to be hypertension?:** Anything greater than 140/90 mm Hg

1604. **Which pressure is most damaging, an increased (systolic/diastolic)?:** An increased diastolic

1605. **When a doctor takes three different blood pressure readings at different times, how far apart must the measurements be made?:** At least one week

1606. **Can hypertension be cured?:** No, just treated

1607. **What class of drugs is used to first treat hypertension?:** Diuretics

1608. **Name the two most common dietary prescriptions used to treat hypertension?:** Calorie reduction for weight loss
Sodium restriction

1609. **What two non-dietary lifestyle changes are used commonly to treat hypertension?:** Decreases stress
Increase activity

1610. **When you take the blood pressure of the client with hypertension you would measure _____- _____, with the client _____, _____ and _____.:** Both arms; lying, sitting and standing

1611. **What do caffeine and smoking do to blood pressure?:** Increase it

1612. **What is the #1 side effect of antihypertensives?:** Orthostatic hypotension (means you feel weak when you rise to a standing position because your blood pressure falls)

1613. **Would vasodilators or vasoconstrictors treat hypertension?:** Vasodilators (decreases resistance)

1614. **Would sympathetic stimulators or sympathetic blockers treat hypertension?:** Sympathetic blockers (decrease cardiac output and decrease resistance)

1615. **In hypovolemic shock there is a _____ in the circulating _____ volume -- this _____ tissue perfusion with _____.:** Decrease; blood; decreases; oxygen

1616. **What gauge catheter would you use to start an IV in hypovolemic shock?:** 16 or larger

1617. **What is the #1 cause of hypovolemic shock?:** Acute blood loss

1618. **What happens to the blood pressure in hypovolemic shock?:** It decreases

1619. **What happens to the pulse pressure in hypovolemic shock?:** It narrows (becomes a smaller number)

1620. **How do you calculate the pulse pressure?:** You subtract the diastolic from systolic

1621. **If J. Doe's blood pressure is 100/60, what is his pulse pressure?:** 40 (100-minus 60 equals 40)

1622. **What is the normal pulse pressure?:** 40 (+ or -10)

1623. **In hypovolemic shock the level of consciousness (LOC) is (increased/decreased).:** Decreased

1624. **Which heart rate is associated with hypovolemic shock, bradycardia or tachycardia?:** Tachycardia

1625. **In hypovolemic shock the output of urine will be less than _____cc per hour.:** 25 to 30 cc

1626. **The client's skin will be _____, _____, and _____:** Cool, pale, clammy (due to arterial constriction to shunt blood from skin to vital organs)

1627. **Which acid-base disorder is MOST commonly associated with hypovolemic shock?:** Metabolic acidosis (due to lactic acid accumulation- no oxygen = anaerobic metabolism)

1628. **Of all the following, which one(s) increase in hypovolemic shock? Blood pressure, output, heart rate, pH, LOC, pulse pressure, respiratory rate:** Only the heart rate and respiratory rate

1629. **What are the first two sings of hypovolemic shock?:** Change in LOC and tachycardia

1630. **What is the #1 medical treatment of hypovolemic shock:** Replace blood and fluids

1631. **What are mast trousers?:** Pneumatic device placed around the legs and lower body that is inflated to force blood centrally

1632. **Do clients in hypovolemic shock have to have a Foley inserted?:** Yes, to measure urine output (when output is >30 cc per hour the shock has resolved)

1633. **In what position would you place a client in suspected hypovolemic shock?:** On back with arms and legs elevated

1634. **How often are vital signs measured in hypovolemic shock?:** Every 15 minutes

1635. **If the blood pressure (systolic) falls below 80 mmHg, what would you do first in hypovolemic shock?:** Increase the oxygen flow rate

1636. **What is a hysterectomy?:** It is surgical removal of the uterus

1637. **How long must a woman wait before having intercourse after hysterectomy?:** 4 to 6 weeks

1638. **Is the woman likely to have a foley catheter in after a hysterectomy?:** Yes

1639. **Are enemas common before a hysterectomy?:** Yes

1640. **What would you do if the client complains of flank pain (back pain) after hysterectomy?:** Call the MD, probably had a ureter tied off accidentally in surgery

1641. **What are 2 common psychological reactions to hysterectomy?:** Grief, depression

1642. **What causes thrombophlebitis after hysterectomy?:** Venous stasis in the abdomen (the woman was in the vaginal lithotomy position for hours)

1643. **What sign would indicate the presence of thrombophlebitis?:** A hard, red swelling in the posterior calf

1644. **Should you assess for Homan's sign?:** No. Homan's sign is no longer recommended as a test for thrombophlebitis because it can cause a clot to embolize

1645. **How long does the woman have to be off oral contraceptives before hysterectomy?:** Oral contraceptives should be discontinued 3 to 4 weeks preoperatively.

1646. **How long should a woman wait before lifting heavy objects after a hysterectomy?:** 2 months

1647. **How long does a lady have to wait before driving after a hysterectomy?:** 3 to 4 weeks

1648. **If the client complains of abdominal gas after a hysterectomy, the best intervention is.....:** Ambulation

1649. **What are two major complications of a hysterectomy besides hemorrhage?:** Thrombus and pulmonary embolus Urinary retention

1650. **What body position should be avoided after hysterectomy? Why?:** Knee flexion (because it increases the chance of thrombophlebitis)

1651. **When will bowel sounds return after a hysterectomy?:** After 24 hours but before 72 hours

1652. **Ectopic pregnancy is implantation of a fertilized ovum _____ the _____.:** Outside, uterus

1653. **The most common site for ectopic pregnancy is in the _____ _____.:** Fallopian tube - 90%

1654. **Have intrauterine devices to prevent pregnancy ever been linked to ectopic pregnancy?:** Yes and so have pelvic infections.

1655. **What is the most common sign of fallopian tube ectopic pregnancy?:** Unilateral pelvic pain

1656. **What is the most dangerous side effect/complication of fallopian ectopic pregnancy?:** Rupture of the fallopian tube

1657. **If the fallopian tube ruptures due to ectopic pregnancy, nursing care is the same as that for_____.:** Shock and peritonitis

1658. **The uterus feels _____ after rupture of a fallopian ectopic pregnancy?:** Boggy- tender, also

1659. **The first sign that a fallopian ectopic pregnancy had ruptured is...:** Sharp abdominal pain

1660. **Ectopic pregnancy is (usually/almost never) carried to term.:** Almost never

1661. **The most common medical-surgical treatment for ectopic pregnancy is_____.:** Surgical removal of fetus and some surrounding tissue

1662. **Name the surgery performed for an ectopic pregnancy.:** Exploratory laparotomy

1663. **What is ECT?:** The use of electrical shock current delivered to the brain to induce a seizure that treats depression.

1664. **The client is (awake/under local anesthesia/under general anesthesia) during ECT?:** Under general anesthesia -- must be artificially ventilated

1665. **What conditions does ECT treat?:** Depression primarily

1666. **Is an informed consent necessary for ECT?:** Yes

1667. **Name the three most common complications of ECT?:** Aspiration of emesis (most common) into the lung
Dislocations of joints
Fractures due to convulsion-- rare today

1668. **What class of drugs is given with ECT?** Muscle relaxant -- succinylcholine

1669. **What intellectual ability is impaired after ECT?:** Memory

1670. **How long will a client's memory be impaired after ECT?:** 2 to 3 weeks

1671. **Immediately after ECT, how will the client normally act?:** Drowsy
Dull
Apathetic

1672. **In what position should the client be immediately after ECT?:** On their side-- to prevent aspiration

1673. **What typical pre-operative type of orders will be ordered before ECT?:** NPO after midnight
Remove dentures
Client to void before surgery
Side rails up

1674. **The convulsion (seizure) that the electrical current produced is violent. (T/F):** False, it used to be, but it isn't any more with the use of muscle relaxants

1675. **What does an EEG measure?:** Measures electrical activity generated by the brain

1676. **When are there activity restrictions after an EEG?:** ONLY when sedatives are used, and then it's only necessary to keep side rails up.

1677. **Should the client wash his hair before an EEG?:** Yes

1678. **What would you tell a client who says what if I get shocked during my EEG?:** That is impossible since the test measures electrical activity coming FROM him, never to him.

1679. **Does a client have to be NPO before an EEG?:** No, they should never be NPO, it could cause hypoglycemia and alter the EEG results.

1680. **What instructions are MOST important to give a client during an EEG?:** Try not to move

1681. **What should the client do after an EEG?:** Wash their hair

1682. **Should sedatives be given before an EEG?:** Only if ordered as a pre-test medication.

1683. **How much sleep should the client get the night before an EEG?:** At least 4 to 5 hours--unless it is a sleep deprivation EEG

1684. **Do you need a signed informed consent for an EEG?:** No

1685. **Should caffeine be limited before an EEG?:** Yes. It should be eliminated for 24 hours before the test.

1686. **What will excessively fatty stool be like?:** Large, pale, foul smelling, greasy

1687. **What are the large, pale, foul smelling, greasy stools called?:** Steatorrhea

1688. **Name the three types of parasites abnormally found in stool.:** Roundworm
Tapeworm
Pinworm

1689. **What does occult blood in the feces mean?:** Bleeding somewhere in the GI tract

1690. **Are fats a normal constituent of feces?:** Yes but it should be WNL

1691. **A decrease in urobilin in stool results in stool that is_____ _____.:** Clay-colored

1692. **Name two things for which stool specimens are tested.:** Occult blood, fat, ova and parasites

1693. **Is blood a normal constituent of feces?:** No

1694. **What is melena?:** A black, tarry stool indicating a GI bleed

1695. **What position is best for clients with emphysema under normal circumstances?:** Semi-fowlers or higher

1696. **What flow rates of O2 are appropriate for the client with emphysema?:** Low flow -- <2.5 L/min; never exceed 2.5L in COPD

1697. **If a client with emphysema has a severe dyspneic episode what position is best?:** Sitting upright with arms folded on the overbed table

1698. **What will you observe on the hands of the client with emphysema?:** Clubbing of the fingernail beds

1699. **In emphysema, the alveoli are over-_____ and under-_____.:** Over-enlarged, under-ventilated so that air is trapped in alveoli

1700. **The development of emphysema is most associated with a history of _____.:** Smoking

1701. **In emphysema, the appetite_____ the weight _____ and the anterior-post diameter of the chest_____.:** Decreases, decreases, increases

1702. **What is the increase in anterior-posterior diameter of emphysema called?:** Barrel chest

1703. **The person with emphysema have _____, _____lips and (slow/rapid) breathing.:** Grunting, pursed, rapid

1704. **What dietary prescription is most appropriate for the client with emphysema?:** Frequent small meals to prevent tiring

1705. **What fluid order should the emphysema client have?:** 3 liters of fluid per day (this is an increase)

1706. **The client with emphysema is (ruddy/pale/cyanotic).:** Cyanotic

1707. **Hyperthyroid (High metabolism):** Graves Disease

1708. **High growth hormone in a child (give another name):** Gigantism

1709. **Over secretion of mineralcorticoids only (give another name):** Conn's disease
1710. **Low growth hormone (give another name):** Pituitary dwarfism
1711. **High growth hormone in an adult.:** Acromegaly
1712. **Under-secretion of adrenal cortex:** Addison's disease
1713. **Hypothyroidism in an adult.:** Myxedema
1714. **Over secretion of adrenal cortex:** Cushing's syndrome
1715. **Over secretion of adrenal medulla:** Pheochromocytoma
1716. **Hypothyroid in a child:** Cretinism
1717. **Oversecretion of ACTH:** Cushing's disease
1718. **What is endometriosis?:** Growth of endometrial tissue outside of uterus
1719. **Endometriosis most commonly occurs in women between ages of _____ and _____.:** 25 to 40
1720. **After menopause, endometriosis (decreases/increases).:** Decreases
1721. **What is the MOST common side effect of endometriosis?:** Dysmenorrhea (painful menstruation)
1722. **What is the major complication of endometriosis?:** Infertility
1723. **What diagnostic procedure confirms the diagnosis of endometriosis?:** Laparoscopy
1724. **What class of drugs is used to conservatively treat endometriosis?:** Androgens
1725. **Which androgen drug is most commonly used to treat endometriosis?:** Danazol
1726. **Women with endometriosis should be counseled to use (tampons/pads) during menstruation?:** Pads only
1727. **Will client die of endometriosis? What would you say?** Not life-threatening
1728. **What advice is best for women with endometriosis who want to have children?:** Do not postpone pregnancy, may not be able to have children
1729. **What is the #1 danger of epiglottitis?:** Airway obstruction
1730. **Epiglottitis most commonly occurs in children from age _____ to _____.:** 1 to 8 years
1731. **What organism causes epiglottitis?:** Hemophilus influenza B
1732. **What level of fever is present in epiglottitis?:** Over 102 degrees
1733. **What symptoms are classic epiglottitis?:** Muffled voice
Drooling
Stridor
1734. **Will a child with epiglottitis cough?:** No, there will be a lack of spontaneous cough.
1735. **How will the child with epiglottitis breathe?:** Leaned forward with flaring nostrils
1736. **If a child is suspected of having epiglottitis, should you put a tongue depressor in their mouth to look?:** No, never put any instrument in the child's mouth unless you are prepared to do an immediate intubation.
1737. **Would you do a throat culture for a child with epiglottitis?:** No, never put anything in their mouth.
1738. **If epiglottitis is suspected, what should the parents be told?:** To take the child to the ER as soon as possible.
1739. **What drug is used to fight epiglottitis?:** Penicillin, ampicillin
1740. **Children with epiglottitis often need a tracheotomy. What behavior would indicate the need for a tracheotomy?:**
Restlessness
Increased HR
Retractions
1741. **What is recommended for the prevention of epiglottitis?:** All children two months and over should receive an H. influenza B vaccine.
1742. **Autonomy vs Shame and Doubt:** Toddler
1743. **Industry vs Inferiority:** School Age
1744. **18 to 25 years:** Young Adult
1745. **Says "no":** Toddler
1746. **Encourage creativity and collecting things:** School Age
1747. **Give choices:** Toddler
1748. **Centers on having basic needs met:** Infancy
1749. **18 months to 3 years:** Toddler
1750. **3 to 6 years:** Pre-schooler
1751. **12 to 20 years:** Adolescent
1752. **Initiative vs Guilt:** Pre-schooler
1753. **6 to 12 years:** School age
1754. **Trust vs Mistrust:** Infancy
1755. **Peer group important:** Adolescent
1756. **Encourage fantasy:** Pre-schooler
1757. **Identity vs Role confrontation:** Adolescent
1758. **Intimacy vs Isolation:** Young adult
1759. **Birth to 18 months:** Infancy
1760. **Define EGD:** Insertion of a fiber optic scope to visualize the esophagus, stomach and duodenum
1761. **What can be done during an EGD besides visualization?:**
Remove polyps
Take specimens
Coagulate bleeding vessels
1762. **Can EGD be done on an uncooperative client?:** No
1763. **Does client need to have side rails up after EGD?:** Yes, until sedative effects of valium have worn off
1764. **Can an EGD be done on clients with GI bleeding?:** Yes
1765. **Is the client sedated before EGD?:** Yes, with valium (diazepam) or another sedative
1766. **What pre-test activities must be performed before the EGD?:** Remove dentures and eyeglasses
Sign consent
NPO after midnight
1767. **When can an EGD client begin to eat after the test?:** When gagg reflex returns (knocked out with xylocaine)
1768. **Is an EGD a fasting procedure?:** Yes, after midnight

1769. **What drug is given to anesthetize the pharynx?:** Xylocaine (a local anesthetic)

1770. **What are the complications of EGD?:** Perforation of gut
Aspiration secondary to emesis Respiratory arrest (due to valium)

1771. **What two discomforts are common during an EGD?:**
Vomiting
Gagging

1772. **What is the most dangerous complication of EGD?:**
Secondary respiratory arrest (valium)

1773. **What is the most common complaint after an EGD?:** Sore throat

1774. **Carbonic Anhydrase Inhibitors:** Treat glaucoma
Decreases aqueous humor production
Diuresis

Diamox is an example

1775. **Anticholinergic:** Dilates pupils
Causes photophobia
Used preoperatively for cataract removal
Don't use in glaucoma

Atropine is an example

1776. **Miotic:** Constricts pupil; Timoptic

Pilocarpine are examples

1777. **Mydriatic:** Tachycardia
Photophobia
Dilates pupil
Do not use in glaucoma

Neo-synephrine is an example

1778. **What do carbonic anhydrase inhibitors do to the eye?:**
Decrease production of aqueous humor and thus decrease intraocular pressure.

1779. **Name the most common side effect of carbonic anhydrase inhibitors?:** Diuresis

1780. **Which two groups of these drugs cause photophobia?:**
Mydriatics
Anticholinergics

1781. **Which of these classes of drugs causes contact dermatitis?:** Miotics

1782. **What do mydriatics do for the eye?:** Dilate the pupil (My "D"riatic "D" for dilate)

1783. **What do miotics do for the eye?:** Constrict the pupil

1784. **Name one mydriatic:** Neo synephrine or Atropine

1785. **What do anticholinergics do for the eye?:** Dilate the pupil
Cycloplegia
Paralyzes accommodation

1786. **What is cycloplegia?:** Paralysis of the iris/pupil

1787. **Which two of these classes of drugs cause tachycardia?**
Mydriatics
Anticholinergics (sympathetic effects)

1788. **What is the most common use for anticholinergics in the eye?:** To cause cycloplegia
Dilation
Allowing eye exam

1789. **How should eye ointments be given?:** Placed on the lower inner eye lid, then have client close eyes

1790. **Name two anticholinergics used in the eye.:** Cyclogel, atropine

1791. **Name one carbonic anhydrase inhibitor:** Diamox

1792. **How should the eye drops be given?:** Place drops into the lower conjunctival sac

1793. **How is the flow of eye irrigational fluid directed?:** From inner canthus to outer canthus

1794. **Name two miotics:** Pilocarpine, Timpotic (or any drug ending in -lol)

1795. **Define nuclear family:** A family of parents and their offspring

1796. **When does a nuclear family become an extended family?:** When aunts or uncles or grandparents live with the family

1797. **In America, the family is the basic unit of society. (T/F):** True

1798. **Give the 2 major roles of the family in society:** To protect and socialize

1799. **What percentage of North American families are single-parent?:** 50%

1800. **90% of single-parent families are headed by a _____.:** Female

1801. **In what step of the nursing process does the nurse ask the family about their beliefs on illness?:** Assessment phase

1802. **What is the first thing a nurse must do to help families in crisis?:** Nurse must first examine her own values

1803. **Anxiety-producing thoughts are called_____.:** Obsessions

1804. **Repetitive actions designed to reduce anxiety are called_____.:** Compulsions -- such as washing hands over and over, dusting furniture 3 hours per day, refusing to turn your back to anyone

1805. **Which defense mechanism is most closely associated with obsessive-compulsive disorder?:** Displacement

1806. **Should you allow an obsessive-compulsive person perform their compulsive behavior?:** Yes, give them time to do their ritual and try to set limit and redirect

1807. **Should you ever make an obsessive-compulsive person stop their compulsive behavior?:** No, they will become very anxious

1808. **Is the patient with obsessive-compulsive disorder neurotic or psychotic?:** Neurotic-- they know reality

1809. **Should you confront the obsessive-compulsive patient with the absurdity of their behavior?:** No, just say things like :You washed your hands for so long you must have been very anxious."

1810. **What should you do if an obsessive-compulsive patient is always late due to their rituals?:** Get them started earlier-- for example if they wash their hands for 1/2 hours before meals and are always late for breakfast, just get them started 1/2 hour earlier.

1811. **What are the two types of oral contraceptives?:** Progestin only and combination progesterone and estrogen

1812. **How many days of the menstrual cycle do you take the progestin only pill?:** All 28 days

1813. **How many days of the menstrual cycle do you take the combination pill?:** You take it on days 5-24, but not on days 24-28 and 1-4 (8 days off)

1814. **How long before surgery must you discontinue oral contraceptives?:** One week before surgery

1815. **If a women forgets to take pill one day, what should she do?:** Take it as soon as she remembers it, and take next pill at regular time.

1816. **What if a woman forgets to take the pill for two days in a row? What should she do?:** Take 2 pills a day for two days in a row and then resume normal schedule.

1817. **What should a woman do if she forgets to take her pill for 3 days or more?:** Throw away pack and start new pack same day. use back-up contraceptive method for 7 days

1818. **If a woman doesn't stop oral contraceptives one week before surgery she is at risk for developing_____.:** Thrombophlebitis

1819. **People who smoke more than _____ cigarettes per day should not be on oral contraceptives.:** 15, because if you smoke you have constriction of vessels and this potentates the chances that a woman on oral contraceptives will get thrombophlebitis

1820. **If a women on oral contraceptives misses a period, should she still take pills?:** Yes, however, if 2 missed periods occur,stop and have a pregnancy test.

1821. **Will breakthrough bleeding, nausea and vomiting and breast tenderness go away when a woman is on oral contraceptives?:** Yes, after about 3-6 months of treatment.

1822. **Osteoarthritis is a _____ disease of the _____.:** Degenerative, joint

1823. **Osteoarthritis is most commonly caused by the wear and tear of life. (T/F):** True

1824. **The most common symptom of osteoarthritis is _____ _____.:** Joint pain

1825. **What two joints are most commonly affected in osteoarthritis?:** knee and hip

1826. **To control the pain of osteoarthritis one should use heat or cold?:** Heat

1827. **What three medications are used in osteoarthritis?:** Aspirin, non-steroidal inflammatory (NSAIDs) Indocen, Ibuprofen, steroids

1828. **What do you observe on the fingers of the client osteoarthritis?:** Heberden's nodes

1829. **Are Heberden's nodes painful?:** Not in the beginning, can be later as swelling occurs

1830. **Are rest periods and range of motion exercises appropriate in the care of osteoarthritis?:** Yes, rest is probably the most effective thing they can do.

1831. **The pain of osteoarthritis is usually better or worse with rest? With activity?:** Better with rest, worse with activity

1832. **What age group gets osteoarthritis?:** 60-80 years old

1833. **Osteoarthritis is more common in females. (T/F):** False, it occurs with equal frequency

1834. **For cervical osteoarthritis the client should wear...:** A cervical collar

1835. **What is arthroplasty:** Joint replacement

1836. **What is arthodesis?:** Joint fusion

1837. **What is otosclerosis?:** Overgrowth of spongy bone in the middle ear that doesn't allow the bones of the middle ear to vibrate

1838. **What will the client with otosclerosis complain of besides hearing loss?:** Buzzing or ringing, in the ears (tinnitus)

1839. **Do people have a loss of hearing with otosclerosis?:** Yes

1840. **What is corrective surgery for otosclerosis called?:** Stapedectomy

1841. **Should side rails be up after stapedectomy ?:** Yes, client may feel dizzy

1842. **What should the client avoid post-stapedectomy?:**
coughing
sneezing
blowing nose
swimming
showers
flying

1843. **What warning should you give the client about getting up after stapedectomy?:** Get up slowly

1844. **What should the client expect regarding hearing post-stapedectomy?:** An initial decrease with the benefits of surgery noticeable in 6 weeks

1845. **What should the post-stapedectomy client do if he must sneeze?:** Open his mouth, this de-pressurizes the middle ear.

1846. **What type of hearing loss is associated with otosclerosis?:** Conductive

1847. **Which sex has a higher incidence of otosclerosis?:** Women

1848. **Do hearing aids help in otosclerosis?:** Yes

1849. **What will be the results of the Rinne test in otosclerosis?** Bone conduction will be better than air conduction

1850. **Is stapedectomy done under general or local anesthesia?:** Local

1851. **If the client complains of decreased hearing after stapedectomy what would you say?:** It is normal due to edema. The hearing will start to improve within six weeks.

1852. **Which side will the client be allowed to lie upon post-stapedectomy?:** Depends on M: operative side promotes drainage, un-operative side prevents graft dislodgement. Don't make a big deal of position post-op

1853. **What two drugs are commonly give post-stapedectomy?:** Codeine/Demerol for pain, Dramamine for dizziness

1854. **Cysts on the ovaries are usually malignant. (T/F):** False, usually benign

1855. **What is the #1 reason why MD's remove ovrian cysts?** Remove before they transform into malignancy.

1856. **Do small ovarian cysts cause symptoms?:** No, only large ones

1857. **Common signs of large ovarian cysts are...:** Low back pain
Pelvic pain
Abnormal bleeding

1858. **What does torsion of an ovarian cyst mean?:** Twisting of cyst with interruption of its blood supply

1859. **What is the big danger from torsion?:** Necrosis and rupture of ovary

1860. **What other disorders resemble rupture of ovarian cysts?:** Appendicitis, rupture of a fallopian tube pregnancy

1861. **What affect do oral contraceptives have on ovarian cysts?:** They cause it to stop growing and decrease in size.

1862. **What are the three most common signs of ovarian cyst rupture?:** Pain, abdominal distention, abdominal rigidity

1863. **Compare signs of non-ruptured ovarian cysts with the sings of a ruptured ovarian cyst. (Give 3 for each):** Non-ruptured: low back pain, dull pelvic pain, abnormal uterine bleeding especially with menstruation

Ruptured: acute pain, abdominal distention, and abdominal rigidity

1864. **After surgery to remove an ovarian cyst the woman can return to normal activities between _____ to _____ weeks,:** 4-6 weeks

1865. **How soon after removal of an ovarian cyst can a woman resume sexual intercourse?:** 4-6 weeks

1866. **Should a woman douche after surgery to remove an ovarian cyst?:** No, it is not good to douche on a regular basis, it destroys natural protective vaginal flora

1867. **What does lightening mean?:** When the fetal head descends into the pelvis

1868. **When does lightening occur in pregnancy?:** 2-3 weeks before birth for primipara

1869. **What is the most common positive effect of lightening?:** After it occurs the woman can breathe much easier

1870. **Name the two earliest signs that a woman is likely in labor.:** Low back pain and show (blood-tinge mucous plug is passed)

1871. **What is the most RELIABLE or VALID indication that a woman is in labor?:** The onset of regular contractions that result in progressive dilation/effacement of the cervix

1872. **What is the meaning of cervical effacement?:** The cervix thins

1873. **Into how many stages is labor and delivery divided?** 4

1874. **What is accomplished during the first stage of labor and delivery?:** Full effacement and dilation

1875. **How long is the first stage of labor and delivery for a primagravida? For a multigravida?:** 12 hours, 6 hours

1876. **THe cervix is fully dilated when it is _____ cm.:** 10

1877. **The 2nd stage of labor and delivery accomplishes...:** Delivery of the infant

1878. **The 2nd stage of labor and delivery begins with _____ and ends with _____ of the _____.:** Full dilation, delivery, infant

1879. **The 2nd stage of labor and delivery lasts _____ hours for a primagravida and _____ hours for a multigravida.:** 1 1/2 hours, 1/2 hour

1880. **The 3rd stage of labor and delivery accomplishes..:** Expulsion of the placenta

1881. **The 3rd stage of labor and delivery lasts..:** Less than one hour

1882. **What occurs during the 4th stage of labor and delivery?** Recovery

1883. **When does the 4th stage of labor and delivery end?** 2 hours after expulsion of the placenta

1884. **What is the average blood loss during labor?:** 500 cc

1885. **When the terminology "the three phases of labor" is used, what does it mean?:** If the statement refers to phases of labor, it means the 3-step process of latency, followed by an active and transitional

1886. **Normal length of pregnancy is _____ to _____ days:** 240 to 300

1887. **Pregnancy is divided into ____ trimesters.:** 3

1888. **During the first trimester the woman experiences decreased or increased vaginal secretions?:** Increased

1889. **When are urine pregnancy tests positive?:** At the time of the first missed period

1890. **Pregnancy tests test for the presence of what hormone?:** HCG (human chorionic gonadotropin hormone)

1891. **Urine and blood pregnancy tests are enough evidence to be certain of pregnancy. (T/F):** False, these tests only suggest pregnancy

1892. **What is Hegar's sign?:** Uterine softening

1893. **What is Chadwick's sign?:** Blue-tint to the cervix

1894. **The first trimester goes from week _____ to week_____:** 1, 13

1895. **The second trimester goes from week ____ to week _____.:** 14, 27

1896. **Which week can mother first feel the fetus move?:** 16th to 20th week (the end of the 4th month into the 5th month)

1897. **What is the word used to identify the feeling that the mother experiences when the fetus moves?:** Quickening

1898. **The 3rd trimester goes from week _____ to week_____:** 28, 40

1899. **In which trimester does the woman most feel backache?:** Third

1900. **Which trimester is the fetus most susceptible to effects of outside agents?:** First

1901. **What is the name of the process in which outside agents cause birth defects in the fetus?:** Teratogenesis
1902. **Which trimester is nausea and vomiting most common?:** First
1903. **Which trimester do Braxton-Hicks contractions begin?:** Third
1904. **In addition to the nares, where else should the nurse assess for skin irritation when nasal cannulae are in use?:** Behind and on top of the ears
1905. **What are the two early signs of hypoxia?:** Restlessness, tachycardia
1906. **What is the highest flow rate appropriate for nasal cannulae?:** 6 L/min
1907. **How often should the nares of a client with O2 by nasal cannulae be assessed for skin breakdown?:** Every 6-8 hours
1908. **What is the maximal O2 flow rate for the client with COPD?:** 2 L/min
1909. **What are the signs of O2 toxicity?:** Confusion, headache
1910. **What can happen if the client with COPD is given a high flow rate of O2?:** They may stop breathing
1911. **What is the problem with giving high flow rates of O2 by nasal cannulae?:** Dries the mucous membranes.
1912. **Can a client smoke in the room when the O2 is turned off?:** No, the O2 delivery device must be removed from the wall or the tank out of the room before a client can smoke
1913. **When O2 is administered, it must be...:** Humidified
1914. **Masks deliver higher or lower concentrations of O2 than nasal cannulae?:** Higher
1915. **How often should the nurse check the flow rate of the O2?:** At least once per shift
1916. **O2 is an explosive (T/F):** False, it does not explode-- it supports combustion
1917. **What is the #1 difference between sealed & unsealed radiation?:** Both are internal forms of radiotherapy however, in sealed, a solid object is placed in a body cavity; in unsealed a radioactive substance is injected in liquid form into a vein
1918. **What are the 3 principles the nurse uses to protect self when caring for a client with a sealed radioactive implant?:** Time, distance, shielding
1919. **What is another name for external radiation therapy?:** Beam or X-rays
1920. **What is the difference between external radiation treatment and internal radiation treatment?:** In external the tumor is bombarded with x-rays & nothing is placed in the body; in internal there is some radioactive substance introduced into the body
1921. **Of sealed internal, unsealed internal, and external radiation treatment, which is MOST dangerous for the nurse?:** Sealed internal then unsealed internal, external radiation treatment is of no danger to the nurse unless the nurse is in the radiation treatment room during the treatment
1922. **Should pregnant nurses care for patient receiving sealed internal radiotherapy?:** Never. (Lawsuit time!)
1923. **Should pregnant nurses care for a patient receiving unsealed internal radiotherapy?:** Maybe, as long as they don't contact body secretions.
1924. **What skin products should the patient receiving external radiotherapy AVOID?:** No ointments with metals like zinc oxide, no talcum powder
1925. **Describe the hygiene measures the you teach the patient receiving external radiotherapy?:** Use plain water only, no soaps, pat dry, can use cornstarch for itch
1926. **What are the major side effects of radiotherapy?:** Pruritis, erythema, burning, sloughing of skin, anorexia, nausea & vomiting, diarrhea, bone marrow depression
1927. **When the patient is receiving radioactive iodine what precautions is/are most important?:** Wear gloves while in possible contact with urine, special precautions taken to dispose of the urine.
1928. **Rape is a crime of passion. (T/F):** False, it is a violent act
1929. **Most rapes occur involving two people of different races. (T/F):** False, usually the same race
1930. **When must psychological care of the rape victim begin?:** In the emergency room
1931. **Name the two phases of Rape Trauma Syndrome:** Disorganization phase, re-organziation phase
1932. **Immediately after rape, a woman who is calm & composed is adjusting well. (T/F):** False, calmness & a composed attitude are SIGNS of Rape Trauma syndrome, (calm person is just as disorganized as the crying and upset lady)
1933. **Name the 3 physical symptoms of Rape Trauma Syndrome.:** GI irritability, itching or burning on urination, skeletal muscle tension* don't forget PAIN
1934. **Victims of rape often blame _____.:** Themselves
1935. **In the long term reorganization phase the woman is likely to change _____.:** Residence or/an telephone number
1936. **In the long term reorganization phase the woman is likely to experience ____ during sleep.:** Nightmares
1937. **In the long term reorganization phase the woman has 4 common fears. Name them....:** 1. Indoors or outdoors (depending on where the rape occured)
    2. Being alone or in crowds
    3. People being behind them
    4. Sexual fears
1938. **Before evident from the woman's body can be gathered for rape, _____ _____ must be completed.:** Consent forms
1939. **Should a female staff member be present when the rape victim is being examined?:** Always
1940. **The rape victim requires only a pelvic exam & a head to toe exam is not done, so the client is not stressed. (T/F):** False, the exam is a very long, invasive head-to-toe exam

1941. **During exam the vaginal speculum is lubricated before it is placed in the vagina? (T/F):** False, lubrication could alter the evidence

1942. **What drug is often used to prevent pregnancy after rape?:** Kits approved by FDA:
Preven (levornorgestrel & ethinly estradiol) or Plan B: Levonorgestrel (less N&V)

1943. **When working with a rape victim they should be treated with _____ and _____.:** Dignity & respect

1944. **After rape, a woman needs follow-up exam/test for _____ _____ _____.:** Sexually transmitted disease (STD's), i.e: AIDS, gonorrhea, syphilis...

1945. **After discharge contact with the rape victim is maintained via the _____.:** Telephone

1946. **Raynaud's is an arterial or venous disease?:** Arterial disease characterized by spasms

1947. **What part of the body is most affected by Raynaud's?:** The fingers

1948. **Raynaud's affects males or females mostly?:** Women (young)

1949. **What 3 things precipitate a Raynaud's attack?:** Exposure to cold, emotional stress, tobacco use

1950. **The digits in Raynaud's are hot or cold?:** Cold

1951. **What will the fingers look like?:** Pale, sometimes blue

1952. **What will you find when you assess the legs of these patients?:** Weak/absent pulses, cool, pale, loss of hair, shiny thin skin

1953. **What 3 sensations will the client experience?:** Pain, numbness, tingling

1954. **What should the client with Raynaud's avoid?:** Cold weather. (They should wear gloves & stop smoking)

1955. **In the recovery room (PACU) the patient should be positioned....:** On either side

1956. **What reflex is commonly routinely tested in the recovery room?:** Gag reflex

1957. **When will the artificial airway be removed in the recovery room?:** When the gag reflex returns

1958. **Vital signs are measured _____ in the recovery room.:** Every 15 minutes

1959. **In the recovery room the head should be ...:** To the side with the cheek & neck extended slightly down

1960. **In the recovery room the neck should be ..:** Slightly extended

1961. **Can post-operative pain medications be given in the recovery room?:** Yes

1962. **Give 3 stages of acute renal failure.:** Oliguric, diuretic, recovery

1963. **Define renal failure.:** Inability of the kidney to excrete wastes & maintain fluid & electrolyte balance

1964. **What is the BIG danger in renal failure?:** Hyperkalemia and it's effect on the heart

1965. **What is anuria?:** Less than 50 cc of urine in 24 hours

1966. **What is oliguria?:** Less than 500 cc of urine in 24 hours

1967. **What are the dietary modifications for the recovery phase of acute renal failure?:** Increased carbohydrates, increased protein.

1968. **What are the dietary modifications for the diuretic phase of acute renal failure?:** Increased carbohydrates, increased protein. Moderate potassium & sodium. (May need to increase fluids in diuresis results in dehydration.)

1969. **What are the dietary modifications for the oliguric phase of acute renal failure?:** Increased carbohydrates, decreased protein, decreased sodium, decreased potassium, decreased water.

1970. **What causes the itching seen in renal failure?:** Accumulation of wasted in the blood and the associated signs. This occurs in the end stage renal failure.

1971. **What is the first phase in acute renal failure?:** The oliguric phase

1972. **In the oliguric phase, blood volume is _____, sodium is _____, and potassium is _____.:** High, high, high

1973. **How long does the oliguric phase last?:** 7-10 days

1974. **In the diuretic phase, blood volume is _____, sodium is _____, and potassium is _____.:** Low, low, low

1975. **How long does the diuretic phase last?:** 3-4 days, maximum time 2-3 weels

1976. **In the diuretic phase: urine output can=_____ to _____ liters/24 hours.:** 4-5 liters per 24 hours

1977. **Which is more dangerous, oliguria or anuria? Why?:** Oliguria, because since you are losing more fluids you are actually hemo-concentrating the hyperkalemia more

1978. **Respiratory Distress Syndrome occurs in full-term infants.
(T/F):** False, it occurs in premature infants

1979. **Respiratory Distress Syndrome hardly ever occurs after week ____ of gestation.:** 37

1980. **Respiratory Distress Syndrome is also know as ....:** Hyaline Membrane Disease (HMD)

1981. **The cause of RDS is a lack of _____:** Surfactant

1982. **Surfactant _____ surface tension inside _____.:** Decreases, alveoli

1983. **Surfactant prevents the _____ of the alveoli.:** Collapse

1984. **Lack of surfactant causes the neonate to lose lung capacity with each _____.:** Breath

1985. **Death from Respiratory Distress Syndrome most commonly occurs within _____ hours of birth.:** 96

1986. **Within in minutes of birth, what 3 respiratory difficulties occur?:** Retractions, nasal flaring, and grunting

1987. **What medication is given? By what route?:** Survanta (Surfactant) via ET tube. Repeat doses are often required.

1988. **What acid/base disorder is seen in Respiratory Distress Syndrome?:** Respiratory acidosis (CO2 is retained)

1989. **What will you auscultate over the lungs of the neonate with Respiratory Distress Syndrome?:** Decreased lung sounds with crackles
1990. **What lab test assesses the risk of Respiratory Distress Syndrome?:** L/S ratio (Lecithin/Sphingomyelin ratio)
1991. **What L/S ratio indicated fetal lung maturity?:** 2/1
1992. **What other test is used to confirm fetal lung maturity?:** Amniotic fluid is analyzed for presence of PG
1993. **Severe cases of Respiratory Distress Syndrome requires ventilation with _____.:** PEEP (Positive end expiratory pressure) & CPAP. (Continuous positive airway pressure), to keep alveoli open while on the ventilator. High frequency jet ventilation is sometimes used.
1994. **What may be added to the IV to correct the acidosis?** Bicarbonate
1995. **High flow rates of O2 delivered in Respiratory Distress Syndrome can cause _____ _____.:** Retrolental fibroplasia (an eye problem)
1996. **Retrolental fibroplasia can result in _____.:** Blindness from retinal damage
1997. **High ventilatory pressures result in what chronic lung problem?:** Bronch-pulmonary dyplasia
1998. **At what time of year does rheumatoid arthritis flare up?:** Spring
1999. **As with any inflammatory disease clients with rheumatoid arthritis have a low-_____.:** grade fever
2000. **What factor is present in the blood when the client has rheumatoid arthritis?:** The rheumatoid factor